

GIZ Malawi

HIV/AIDS and Gender risk assessment study for the 'Food and Nutrition Security Programme', Malawi



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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANCC	Area Nutrition Coordination Committee
ART	Antiretroviral Therapy
BEP	Basic Education Programme in Malawi
BMZ	German Federal Ministry for Economic Cooperation and Development
CARE	Cooperative Assistance and Relief Everywhere
CCPF	Chipatala Cha Pa Foni/Health Centre by Phone
CHC	Community Health Club
CLAN	Community Leaders in Action for Nutrition
DNCC	District Nutrition Coordination Committee
DNHA	Department of Nutrition, HIV and AIDS
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus Group Discussion
FLW	Frontline Worker
FNSP	Food and Nutrition Security Programme
FO	Field Officer
FSW	Female Sex Worker
GBV	Gender-based Violence
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GNI	Gross National Income
GoM	Government of Malawi
HDI	Human Development Index
HGSMP	Home Grown School Meals Programme
HH	Household
HIV	Human Immunodeficiency Virus
HSG	HIV Support Group
JEFAP	Joint Emergency Food Assistance Programme
KII	Key Informant Interviews
LMIC	Low- and Middle Income Countries
MDHS	Malawian Demographic Health Survey
MGHP	Malawi German Health Programme
M&E	Monitoring & Evaluation
MoAFS	Ministry of Agriculture and Food Security
MoEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
MTCT	Mother-to-Child Transmission
MVAC	Malawi Vulnerability Assessment Committee
MWK	Malawian Kwacha
NAC	National AIDS Commission
NAPHAM	National Association of People living with HIV and AIDS in Malawi
NBS	Nutritional Baseline Survey
NCST	Nutrition Care Support and Treatment
NGO	Non-Governmental Organization

NSP	National Strategic Plan
OPC	Office of the President and Cabinet
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PLW	Pregnant and Lactating Women
SEWOH	BMZ Sondereinheit 'Eine Welt ohne Hunger'
SHC	School Health Club
SHN	School Health and Nutrition
SRH	Sexual Reproductive Health
SUN	Scaling Up Nutrition
TA	Traditional Authority
TfaC	Theatre for a Change
UP	United Purpose
VCT	Voluntary Counselling and Testing
VNCC	Village Nutrition Coordination Committee
VR	Village Reach
VSL	Village Savings and Loan
WHH	Deutsche Welthungerhilfe

Executive Summary

Due to frequent periods of food insecurity in Malawi, the population suffers from nutritional deficiencies such as high stunting rates (37%) among under-five year old children. The 'Food and Nutrition Security Programme' (FNSP) is part of the global GIZ initiative 'One World – No Hunger' and supports the national 'Scaling up Nutrition' initiative, which aims at combatting the problem of malnutrition in Malawi – especially among pregnant and lactating women (PLW), infants and young children (0-23 months). To implement programme activities in the targeted traditional authorities of the districts Dedza and Salima, FNSP contracted the non-governmental organizations of CARE International, United Purpose (UP), Village Reach (VR) and Welthungerhilfe (WHH).

GIZ programmes of countries being affected by a generalized HIV epidemic – including Malawi – are asked by the 'German Federal Ministry for Economic Cooperation and Development' (BMZ) to conduct a systematic review of HIV risks and impacts. Additionally, as food insecurity has been shown to increase the vulnerability of women to HIV infection, and PLW are among the main target group of FNSP, the programme aimed at conducting a combined HIV/AIDS and gender risk study to assess:

- Whether HIV or gender inequalities could impact on the result chain so that programme goals are at risk.
- Whether there is a risk that the programme could inadvertently contribute to the spreading of HIV or worsens gender inequality.
- If such impacts or risks have been identified, whether, within its given mandate, the programme could contribute to the given sector's HIV and gender response.

After an in-depth review study of relevant policies and surveys, bilateral interviews with

respective NGO partners allowed evaluating mainstreaming activities, which aim at mitigating the impacts of HIV and ensuring gender-balanced access to FNSP benefits. Furthermore, the needs of beneficiaries as well as HIV support group (HSG) members on the topics of nutrition, gender and HIV/AIDS were assessed through Focus Group Discussions (FGDs). The HIV/Gender Focal Person of GIZ/Malawi (Margret-Luise Meyer) and an international consultant (Jutta Lorey-Wagner) accompanied the whole study process.

In summary, the NGO partners of FNSP pursue several promising strategies for achieving better gender equality and alleviating HIV-related threats in the target areas. Accordingly, all consulted parties agreed that gender-related concepts of roles and responsibilities are less strictly separated between men and women at household level, but men appear more open-minded to take over traditional female tasks to support their spouses. Nevertheless, gender equality regarding FNSP participation, the power of decision-making at HH level as well as the access to e.g. employment opportunities is still far-off being reached. Hence, recommendations for future FNSP activities would be to: i) foster the engagement of male champions to promote gender equality, ii) strengthen the involvement of traditional leaders, and iii) promote gender through economic empowerment of women.

Additionally, the adequate inclusion of People living with HIV (PLHIV) revealed discrepancies among NGO partners and FNSP beneficiaries on one side and HSG members on the other side. Importantly, PLHIV felt to be neglected from FNSP activities and do not profit from related benefits in the intended manner. Thus, the ensured inclusion of PLHIV through a separate targeting channel is a major recommendation for future FNSP initiatives.

Objective of the Study

The 'Food and Nutrition Security Programme' (FNSP) in Malawi is a global GIZ programme by being part of the initiative 'One World – No Hunger', which is steered through the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented in 11 countries for a five-year period (2014-2019).

According to recent estimates, the HIV prevalence in Malawi among people aged 15-49 years is 10.3% and thereby Malawi still belongs globally to the ten most severely affected countries with a generalized HIV epidemic (NAC, 2014). As defined in the guidance note of the BMZ 'How German Development Cooperation Mainstreams HIV', all programmes working in countries with a generalized HIV epidemic are asked to conduct a systematic review of HIV risks and impacts, ideally during the planning of a programme or a new programme phase.

Since the main target group of FNSP are pregnant and lactating women (as well as small children), and food insecurity has been shown to render women and girls particularly vulnerable to the risk of HIV infection, the programme aims at conducting a comprehensive risk assessment study for the topics of HIV and gender.

The HIV/AIDS and gender analysis shall assess:

- Whether HIV or gender inequalities could impact on the result chain in such a way that the attainment of programme goals are at risk
- Whether there is a risk that the programme could inadvertently contribute to the spreading of HIV or to an aggravated gender inequality situation.
- If such impacts or risks have been identified, whether, within its given mandate, the programme could contribute to the given sector's HIV and gender response.

Methodology

The HIV/AIDS and gender risk assessment study for the 'Food and Nutrition Security Programme' is based on an initial, in-depth desk review followed by several semi-structured interviews with NGO partners and Focus Group Discussions (FGDs) with community members. Regular skype meetings with the HIV/Gender Focal Person of GIZ/Malawi, Margret-Luise Meyer, and with an international consultant, Jutta Lorey-Wagner, accompanied the whole process of the study for continuous support during the conceptual design, the conductance as well as the analysis phase of the study.

Documents for the in-depth review comprised recent demographic health surveys and progress reports about the current health situation of Malawi, particularly with regard to HIV. Furthermore, latest policies and development strategies were reviewed and relevant studies and project reports were assessed for interesting findings and observations concerning the topics of gender and HIV in Malawi.¹

Meetings with HIV Focal Persons of other GIZ programmes in Malawi helped to gain insights into their HIV and gender mainstreaming activities in order to identify possible areas of complementary actions or synergies in the future. Similarly, the deputy country director of 'Theatre for a Change' (TfaC)² was interviewed in order to better understand the mainstreaming methodology of TfaC and to identify a potential overlap in activities that would prompt intensified future collaborations.

¹ Annex 1 shows a compiled list of main documents for the in-depth study.

² Kindly note that GIZ Malawi has been collaborating intensively with TfaC within its HIV Mainstreaming approach in the past decade

Furthermore, numerous semi-structured, bilateral interviews with respective NGO partners (project coordinators, field officers, etc.) were conducted in order to discuss the individual progress as well as the experienced challenges with regard to the planned HIV and gender mainstreaming activities.³

FGDs with FNSP beneficiaries as well as with HIV Support Groups (HSGs) were conducted to assess their needs regarding the topics of nutrition, gender and HIV/AIDS⁴. Furthermore, those FGDs aimed at including the voice of communities in potential adaptations of future FNSP activities. In total, four FGDs with FNSP beneficiaries were conducted: a) WHH beneficiaries of Dedza; b) United Purpose beneficiaries; c) WHH beneficiaries of Salima; and d) CARE beneficiaries. Furthermore, one FGD with an HIV support group was held in both FNSP districts to ensure that the perspective of PLHIV was represented in this study. A HIV Support Group describes a gathering of PLHIV upon self-initiative, who share their experiences, exchange received information and thus provide emotional support to each other (NAPHAM, 2012). During the registration of participants for the FGDs, information related to their age, marital status, household (HH) size, HH age range and gender ratio were collected⁵. In addition, separate key informant interviews (KII) with men, who are active in FNSP, were conducted. Those interviews focussed mainly on the topic of gender and how to achieve better male engagement within FNSP activities⁶. In total, two men from WHH in Dedza; one man from UP; three men from WHH in Salima; and six men from CARE took part in these KIIs.

Annex 6 gives an overview of the timeline for the HIV/AIDS and gender risk assessment study of FNSP with a more detailed list of respective tasks during the preparation, conductance and analysis phase of the study.

³ A full list of all interviews and meetings for the HIV/AIDS and Gender risk study of FNSP can be found in Annex 2.

⁴ The FGD guideline can be seen in Annex 3.

⁵ Annex 4 shows the full registration details of FGD participants.

⁶ The guideline for the KII with men can be found in Annex 5.

I. The Food and Nutrition Security Programme in Malawi (FNSP)

1.1 Programme Overview

Title: Global programme Food and Nutrition Security, Enhanced Resilience		PN 2014.0968.9
Food and School Nutrition and Access to Primary Education	Malawi	
Programme duration: October 2014 until December 2019		
AV	Katja Altincicek	
HIV/ Gender GIZ Focal Person HIV/ Gender responsible team member	Margret-Luise Meyer Malin Elsen	
Module objective (Outcome): The nutritional situation for women of child bearing age, under 5 children and school going aged children has improved	Indicators <ol style="list-style-type: none"> 1. The dietary diversity of 38,000 pre- and primary school children and 15,000 mothers in the <i>Traditional Authority</i> of Chauma (Dedza District) and in the <i>Traditional Authorities</i> Ndindi, Maganga and Pemba (Salima District) has improved (<i>Individual Dietary Diversity Score</i>). 2. The dietary quantity and quality of 8,000 small children aged 6-23 months of the supported mothers in the <i>Traditional Authority</i> Chauma (Dedza District) and in the <i>Traditional Authorities</i> Ndindi, Maganga and Pemba (Salima District) has improved (<i>Minimum Acceptable Diet</i>). 3. Two agreements to continue nutrition education activities at the district level with SUN donors or SUN implementing partners are in place. 	

1.2 The framework of the 'Food and Nutrition Security Programme'

1.2.1 Malawi's health situation in a nutshell

Malawi is a landlocked country in Southeast Africa (~ 118.000 km²) of which a third is taken by Lake Malawi. The neighbouring countries are Tanzania, Zambia and Mozambique. Due to the former British protectorate in Malawi (independence since 1964), English is the official language. Chichewa is spoken by a major part of the population. There are 28 districts in the three administrative regions of Malawi, namely the Northern, the Central and the Southern Region. The Northern Region is characterized by a patrilineal system, whereas the Central- and most of the Southern Region have matrilineal systems. Each district is sub-divided into traditional authorities (TAs). Villages represent the smallest administrative unit in Malawi and are traditionally ruled by village chiefs. There are two main climatic seasons in Malawi - a cold and dry season from Mai to October, and a hot and wet season from November to April. (WHO, 2014, UNdata, 2017).

Malawi has a population size of ~17 million of which almost half (47%) are below the age of 15 years. (IndexMundi, 2016). The current life expectancy is estimated to be 62.7 years and reflects a significant progress from 47.2 years back in 1990 (WorldBank, 2017). With a GNI (gross national

income) per capita of US\$ 340 in 2015, the World Bank classifies Malawi as a low-income country (WorldBank, 2017). Accordingly, the human development index⁷ is 0.445 for Malawi in 2015, which means that the country ranks 173 out of 188 and is thereby one of the countries with the least human development (UNDP, 2015). This figure is underlined by an estimated 50.7% of the population living below the national poverty line back in 2010 (WorldBank, 2017). Most Malawians live in the rural parts of the country (~84% in 2015), which also explains why the agricultural sector - with 61% in 2014 - has the highest employment rate in the country. However, with an average urban population growth rate of 3.8%, Malawi is not left out in the global urbanization trend (UNdata, 2017).

The literacy rate among the Malawian population aged 15 years or older was 66% in 2015, with more men (73%) than women (59%) being literate. However, this level of gender inequality has already improved as men were almost twice as likely to be literate than women back in 1987. Here, the introduction of free primary education in 1994 has contributed to better primary school enrolment rates in Malawi and hence, the youth literacy rates (15-24 year olds) stands currently at 75% (MDHS, 2015-16).

Malawi's health system suffers from a chronic lack of resources due to insufficient funding by the government (8% instead of the 15%, which were agreed on in the Abuja declaration). This is reflected by a severe shortage of human health personnel - particularly medical doctors (2.9/100.000 in 2010) - which constrains efforts towards the envisaged decentralization of health services.

According to the recent Demographic Health Survey of Malawi (MDHS, 2015-16), the under-5-mortality rate was at 63 deaths per 1000 live births in 2015, which marks a continuous decline since 1992, where the under-5-mortality rate was still at 234 deaths per 1000 live births. Notably, children in rural areas (77/1000) and from households of the lowest wealth quintile (83/1000) are more likely to die than children in urban areas (60/1000) or from wealthier families (60/1000) (MDHS, 2015-16). The current maternal mortality ratio is still very high with 439 deaths per 100.000 live births. Women have on average 4.4 children - marking a promising decline from a fertility rate of 6.7 children back in 1992. However, women from rural areas are still having more children (4.7) on average than from urban areas (3.0). Additionally, low educational levels as well as poor economic status prompt women to have more children.

The nutritional situation in Malawi is tense due to the countries' heavy dependence on rain-fed agriculture. Hence, increased frequencies of climatic shock events such as droughts and floods push many households into food insecure situations, from which small children (up to the age of 5 years) suffer particularly as they require the stable and adequate provision of food to ensure proper mental and physical development. The high level of continuous food insecurity in Malawi is reflected by high rates of stunting (37%) among the under-five-children – a chronic form of malnutrition where children grow too short for their age. Wasting (too thin for height) as a symptom of acute malnutrition is not as common among children (3%) in Malawi, but underweight (too thin for age) is also widespread (12%) (MDHS, 2015-16). Similar to the prevalence of under-5-mortality, the nutritional situation for children in Malawi is also subject to socio-economic inequalities as underweight is more common in rural than in urban areas as well as more frequent for children from the poorest than the wealthiest quintiles (MDHS, 2015-16).

⁷ The human development index measures progress in the three areas of i) a long and healthy life; ii) knowledge and ii) a decent standard of living

1.2.2 The global 'One World – No Hunger' initiative

The GIZ Global Programme 'Food and Nutrition Security' is part of the 'One World - No Hunger' initiative of the German Federal Ministry for Economic Cooperation and Development (BMZ). The Global Programme is steered by the BMZ and implemented by the 'Deutsche Gesellschaft für Internationale Zusammenarbeit' (GIZ) GmbH from October 2014 until December 2019 in 11 African and Asian countries, namely: Benin, Burkina Faso, Cambodia, Ethiopia, India, Kenya, Malawi, Mali, Togo, Yemen and Zambia. It works in close cooperation with national and international non-governmental organizations (NGOs) to mobilize all social forces. The programme thus makes a direct contribution towards the global efforts of improved food and nutrition security, for instance by supporting governments in their international *Scaling-up Nutrition* (SUN) initiative.

In Malawi, the country package supports 'The global agenda for nutrition', which focuses on the multi-sectoral fight against under- and malnutrition, especially among women of childbearing age, infants and young children (0-23 months). To do so, the responsible Department of Nutrition, HIV and AIDS (DNHA) has established multi-sectoral coordination units at national, district (e.g. DNCCs), traditional authority (ANCCs), as well as village level (VNCCs). The objective is to achieve a decentralized scale-up of nutritional services at community level to effectively reduce the high stunting rates among the under-fives in Malawi (GoM, 2011b). More specifically, the emphasized community-based interventions are: i) promoting recommended practices to support maternal nutrition, infant and young child feeding and care; ii) improving community-based management of malnutrition; iii) improving micronutrient intake among children through child health days, routine supplementation and dietary diversification; and iv) empowering women (GoM, 2011b). Thus, the initiative by the Malawian government directly contributes to the indicators **1**, **2** (dietary quality and diversity) and **4** (sustainability/ alignment) of the global programme.

1.3 The 'Food and Nutrition Security Programme'

The Malawi country package under the Global Programme 'Food and Nutrition Security' (FNSP) focuses on three areas of intervention:

1. Supporting basic education and health facilities in selected Traditional Authorities (TAs) in the districts of Dedza and Salima by means of ensuring that primary schools and agricultural services have nutrition included in their services;
2. Supporting the District Nutrition Coordination Committees (DNCCs) in their role to plan, coordinate and monitor nutrition interventions in the district;
3. Analysing lessons learned for the bilateral portfolio and the national SUN process (Scaling up Nutrition Initiative) and sharing them with relevant stakeholders and expert groups at national level.

The programmes' main target group comprises women of child-bearing age, pregnant women, nursing mothers and small children, who are particularly affected by food and nutrition insecurity. The programme aims at improving their food and nutrition situation as well as resilience to food crises.

Specifically, the programme is supporting basic education and health facilities through contracted NGOs in encouraging and promoting dietary improvements for mothers and children under the age of five as well as primary school children. In addition, under a target group-oriented approach and with a regional focus on Dedza and Salima districts, the programme cooperates with education and

health care providers and agricultural extension workers in order to achieve increased dietary diversity for women and children. Food insecure mothers from smallholder families are trained in improving the composition, preparation and allocation of food within the family so that dietary diversity increases both for themselves as well as for their children.

FNSP also envisages strengthening the DNCCs in their multi-sectoral coordination role with a focus on capacity building for the implementation of nutrition programmes under the SUN initiative. The project seeks close cooperation with other GIZ programmes such as 'Nutrition and Access to Primary Education'; 'Green Innovation Centres for the Agriculture and Food Sector'; 'Social Protection for People in Extreme Poverty'; and 'More Income and Employment in Rural Areas'.

The lead executing agency is the DNHA under the Office of the President and the Cabinet. Important implementation partners are the Ministry of Education, Science and Technology (MoEST) with its School Health and Nutrition (SHN) Department as well as the Ministry of Agriculture, Irrigation and Water Development. The DNHA is responsible for the provision of policy oversight, strategic direction, guidance and leadership. Together with the support from development partners like UNICEF, the World Bank, Irish Aid and USAID, the DNHA has also been instrumental in developing a standardized SUN roll-out framework in which the nation-wide, multi-sectoral and institutional approach to nutrition is reflected from local assemblies up to the community and district level. Furthermore, the DNHA leads the recruitment and deployment of Nutrition-and HIV/AIDS officers to key ministries; facilitates the integration of HIV/AIDS mainstreaming in the national development agenda, sectoral policies, programmes and outreach services, and ensures mainstreaming of HIV/AIDS in outreach programmes of the public sector.

FNSP also partners with the National Nutrition Committee, chaired by the Director for Nutrition, HIV and AIDS in the Ministry of Health and co-chaired by UNICEF, which leads coordination on nutrition amongst technical specialists and development partners in Malawi. Its main function is to mobilise resources and support the implementation of nutrition interventions in alignment with the country's National Nutrition Policy and Strategic Plan, as well as to monitor progress and evaluate impact.

FNSP contracted non-governmental organizations for the implementation of programme activities in Dedza and Salima. United Purpose (UP, formerly Concern Universal), CARE International (CARE), Village Reach (VR), and Welthungerhilfe (WHH) are currently providing services and interventions in the project sites in Dedza and Salima to contribute to the programme objectives. Both districts belong to the central region of Malawi. CARE and UP implement nutrition-sensitive activities through the so-called Care group approach, a government approved cascade model for nutrition education. WHH works with Clubs at community as well as primary school level where members are involved in nutrition and hygiene activities. VR supports a phone hotline of the Ministry of Health (MoH) where parents/caretakers can call for health and nutrition advice. The hotline also offers an SMS service with key messages depending on a woman's or child's age. Furthermore, Safe the Children is currently implementing cash transfers, seed fairs and farmer's trainings on climate smart agriculture on behalf of FSNP to mitigate the climatic effects caused by the 'El Nino' Phenomenon. FNSP has received special funding from the BMZ for the period from September 2016 to May 2017. Details about this intervention are provided further below. However, this study did not assess the HIV/AIDS and gender mainstreaming activities by Safe the Children due to its temporary support within the framework of FNSP.

The district of Dedza is located south-east of the capital Lilongwe, has a total of eight TAs and commonly a matrilineal system. The FNSP activities by WHH and UP are restricted to the TA of Chauma, which is the smallest of the eight TAs with a population size of ~23.000 (FNSP-NBS, 2015).

Overall, the majority of residents in Dedza are Christians (~80%) and less are Muslims (~10%) (Knoema, 2008). The total fertility rate is 4.4 (identical to the national average), and the age appropriate vaccination coverage of children aged 12-23 months is 49% and hence slightly below Malawi's average of 51%. Strikingly, Dedza is severely affected by high stunting rates among the under five-year olds (43%), which is clearly above the national average of 37% and makes Dedza to the fourth most affected district in Malawi (MDHS, 2015-16).

The district of Salima is located east of Lilongwe, where FNSP targets a total of three TAs for its project activities through CARE and WHH, namely Maganga, Ndindi and Pemba. All of those three TAs are located along the lakeshore and have a population size of ~59.000 in case of Maganga, ~48.000 in case of Ndindi and ~25.000 for Pemba (FNSP-NBS, 2015). Geographically, Salima is particular prone to the occurrence of droughts as the district has a rain-shaded location – resulting in fewer arriving rainfalls. Due to this circumstance, residents of Salima are more dependent on fishing than on agriculture for their economic income compared to other Malawian districts. Notably, Salima has the third highest fertility rate (5.6) of all districts in Malawi. By contrast, both the age appropriate vaccination coverage (49%) as well as the stunting rate among under-five year olds are slightly below the national averages (35% versus 37%) (MDHS, 2015-16).

For the purpose of this study, FGDs (women) as well as KII have been conducted with male beneficiaries from all implementing partners of FNSP in both districts.



Figure 1: Representative images of the FGDs that were conducted with beneficiaries of WHH and UP as well as an HIV Support Group in Dedza (top row) and with beneficiaries from WHH and CARE as well as an HSG in Salima (bottom row).

More specifically, in Dedza were 14 women of the village Mitawa 2 in TA of Chauma, who are part of Community Health Clubs (CHCs) implemented by WHH and agreed to join the discussion on the topics of nutrition, gender and HIV/AIDS (Figure 1, top left). The average age of these women was 44.7 years; their mean household size was 6.2; all of them were married but two already widowed, and they belonged to either the Christian or Muslim religion. In addition, two men - participating in the CHC of WHH from the same village - took part in a small discussion focusing on gender norms and roles. For United Purpose intervention area, there were ten women from the village of Khwakhwa in TA Chauma, who participated in the FGDs (Figure 1, top middle). Their average age was 26.7 years; their mean HH size was 4.8; and besides one divorcee, all women were married and Christians. There was also one male champion from UP intervention area, who took part in the above-mentioned KII.

Furthermore, ten members (gender-mixed; seven women and three men) of one HIV Support Group (HSG) from the village of Kuchombe in TA Chauma participated in a FGD (Figure 1, top right).

Their average age was 39.9 years; their mean HH size 6.4; and besides one divorcee and one widow, they were all married and all Muslims. Notably, three out of the ten HSG participants take part in FNSP activities.

In Salima, there were 14 women from CHCs implemented by WHH from the village of Chimanya in TA Ndindi participating in the FGDs (Figure 1, bottom left). Their average age was 31.6 years and their mean HH size 4.1. They were all married and a mix of Muslims and Christians. There were also three men of the CHC in this village participating in a separate round of KIIs. For CARE intervention area, 13 women from Kundaye village in TA Maganga participated in the FGD (Figure 1, bottom middle). These women were on average 29.3 years old with a mean HH size of 5.2. By religion, they were Muslims and Christians and nine of them were married, three divorced and one widowed. Furthermore, six men engaged in CARE activities came together to separately discuss their perception on gender dynamics. Moreover, 11 members (ten women, one man) of a HSG in the village of Moyo in TA Maganga joined a FGD (Figure 1, bottom right). The average age of those respondents was 48 years; their mean HH size 5.3; and two were married, four divorced and five widowed. They were either Muslims or Christians. More detailed information regarding individual characteristics of FGD participants can be found in Annex 4.

Overall, the respondents of the FGDs and KIIs raised many challenges that they are facing in their villages. Among those, the lack of accessible health clinics and adult literacy learning facilities was mentioned. Moreover, many beneficiaries were concerned about the high school drop-out rates among children in their communities, which is commonly due to the lack of money for paying school fees and thereby often results in early teenage marriages and pregnancies. Generally, the participants perceived the nutritional situation of their families and communities as very tense and periods of food shortages were experienced on a frequent basis. As reasons, their high levels of poverty and the lack of economic opportunities were consistently identified. Furthermore, there is no adequate access to, and storage of, water in times of rain scarcity, which heavily compromises their agricultural yields. In addition, a lack of sufficient fertilizer and seeds reduces their harvests and thereby challenges the food provision for their families. Besides, distances to markets and food stores are far and hence certain food items such as fruits or meat are difficult to purchase.

Importantly, some of the communities in Salima experienced strong floods in early 2017 and hence mentioned that the upcoming harvests will be strongly reduced as many of their young maize plants have been washed away. Additionally, there was an army worm outbreak in some regions of Salima and also here some respondents highlighted that they will lose a substantial part of their agricultural produce despite treatment, which will challenge their nutritional situation at home.

1.3.1 Emergency response

The 2015/16 peak agricultural period was characterized by the strongest El Niño weather phenomenon in Southern Africa over the last 35 years, which caused erratic rainfall and extended dry spells. The results of the recently released Malawi Vulnerability Assessment Committee (MVAC, 2016/17) stated that nearly 6.5 million Malawians are expected to experience severe - below survival threshold - levels of food insecurity in the coming El Niño impacted lean season; this is more than double the number who were in need of assistance in 2015-16.

In Dedza district where GIZ operates, FNSP reaches around 60,004 individuals (32,408 children and 14,175 women of which 1,636 are estimated to be pregnant or lactating) as part of the INGO

‘Emergency & Resilience Building Response to the 2016-2017 Food Crisis in Malawi’. GIZ is supporting the emergency response from September 2016 to May 2017. Beneficiary households will be targeted based on criteria agreed in the Joint Emergency Food Assistance Programme (JEFAP), which include a set of economic and social indicators – also defining people living with HIV and AIDS (PLHIV) as a priority vulnerable group (JEFAP, 2003). Implementing NGO partners in collaboration with district council counterparts such as the District Civil Protection Committee (an inter-sectoral and multi-agency body on humanitarian affairs) will facilitate and closely monitor community sensitizations, register targeted beneficiaries and issue ration cards in liaison with the village civil protection committees to ensure transparency, openness and accountability.

The GIZ-targeted households in Dedza have received monthly cash entitlements from November 2016 to March 2017 and 20% of these households also have received livelihood wrap interventions. GIZ funds support 27% of the total population in need with cash-based responses (unconditional cash grants), and 2,182 households have received both - cash transfers and livelihood wrap-up activities.

Save the Children is the partner NGO that is responsible for the FNSP-supported emergency response in the district of Dedza. However, United Purpose got subcontracted by Save the Children to be the implementing NGO of the emergency response activities, specifically targeting TA Chilikumwendo, Chauma and part of TA Tambala. The support prioritizes women as the main recipients of the cash transfer (conditional and unconditional) and continually sensitizes communities on appropriate usage of cash, including the value of joint decision-making. Furthermore, linkage of pregnant and lactating mothers to the ongoing FNSP projects has been ensured.

1.4 HIV- and Gender mainstreaming to date

1.4.1 The principles of mainstreaming at GIZ

Mainstreaming is viewed as an organisational development process in which institutions can pursue effective and sustainable solutions - both through the work they do and in their own workplaces. GIZ’s mainstreaming activities therefore build upon two pillars: internal and external mainstreaming. The first is aimed at GIZ’s own staff, with an HIV and gender workplace programme involving HIV prevention measures as well as sensitisation to gender issues. In contrast, external mainstreaming is about integrating measures within GIZ’s own projects and programmes in order to address the impacts of the HIV epidemic and the unequal power relations between men and women. This mitigates any HIV-related threats and ensures that men and women benefit equally from GIZ’s interventions. Furthermore, it also ensures that programmes do not inadvertently contribute to the spread of HIV or gender inequalities through their activities.

Gender mainstreaming depicts a strategy to achieve the goal of gender equality. It involves that a gender perspectives is ensured to be part of all activities - policy development, research, advocacy/ dialogue, legislation, resource allocation, as well as planning, implementation and monitoring.

1.4.2 HIV mainstreaming to date

In 2014, the preceding project of FNSP “School Nutrition and Access to Primary Education” conducted a ‘Systematic Assessment of HIV Risks and Impacts’. The findings showed that the project was ‘not inadvertently contributing to the spread of HIV’, but that ‘HIV and AIDS constitute a potential risk to the attainment of the project goals, and measures had to be taken. The project acknowledged the linkage between nutrition, food security and HIV and aimed at mitigating the identified risks by reducing the vulnerability of children and communities through four components:

1. The provision of food commodities to pupils, which include orphans and vulnerable

children (OVC).

2. Skills development to improve HIV/AIDS-related knowledge and practices amongst pupils, including the OVC population and other household beneficiaries through targeted interventions.
3. Ensuring participation and involvement of PLHIV associations in the implementation of the project.
4. Providing targeted interventions to women and girls.

The recommendations of the assessment also highlighted the need to cooperate more closely with community-based organizations (CBOs) in the targeted areas that focused on HIV and work with community- / school-based / clinic-based and home-based programmes.

The approach of United Purpose is to mainstream HIV throughout all their project activities. They offer trainings on the linkage between HIV/AIDS and nutrition for frontline staff, teachers and CLANs (Community Leaders for Action on Nutrition). Furthermore, UP aims at ensuring the inclusion of PLHIV as FNSP beneficiaries.

CARE International has incorporated HIV and AIDS in all their nutrition education modules. They also cooperate with 'Theatre for a Change' - an NGO that transfers HIV-related information through the method of interactive theatres.

Village Reach offers health and nutrition information via a service hotline called Chipatala Cha Pa Foni (CCPF). The hotline is toll-free and can be used by everyone through any mobile phone to call and ask questions related to HIV and AIDS. After registration, CCPF users can also receive PIN-secured text messages on the same topic.

One of WHH's principles is the mainstreaming of HIV and AIDS to 'reduce the vulnerability to infection while at the same time creating a HIV and AIDS competent society in order to mitigate its future impacts'. Therefore, WHH integrated sessions on 'Nutrition and HIV/AIDS' in CHCs as well as SHCs.

The impact of the envisaged mainstreaming activities by the implementing partners of FNSP has not been evaluated yet.

1.4.3 Gender mainstreaming to date

In 2011, BMZ commissioned an appraisal mission to look into the future of the 'School Health and Nutrition' programme. As a conclusion, the appraisal team proposed capacity building for key personnel to ensure a gender-sensitive approach in the areas of nutrition education, research, guidelines, as well as monitoring and evaluation, and include gender experts in the teams, sensitize chiefs, women and men in leadership positions, and review indicators on their gender impact.

In 2016, the GIZ conducted a gender analysis for the global programme 'Food and Nutrition Security, Enhanced Resilience'. Its aim was to identify more systematic approaches of integrating gender in every phase of the programme as well as to find ways of involving men to a greater extent in project activities. Overall, the study recommended a separate gender analysis for each country. It stated the human rights-based approach of GIZ, which emphasizes that women and girls should be addressed as rights holders as opposed to victims. Capacity-building initiatives should always be gender-sensitive. By no means, women should be exploited in order to achieve e.g. the goal of healthier children. Women should be seen as change agents and their knowledge should be used and appreciated. Similarly, also boys and men are important changes agents and should be involved in project measures. This could lead to the realization of a transformative gender approach. Similar to the recommendations of the appraisal mission from 2011, the researchers proposed to implement

gender-sensitive results-based monitoring and reporting. A collection of good practices and lessons learned was also recommended.

United Purpose aims at mainstreaming gender in all planned interventions. This will include awareness campaigns that emphasize the relevance of equal access to project resources for women and men. Fathers will be encouraged to accompany their wives to ante- and postnatal sessions. At the CLANs, communities will be encouraged to be represented by both gender parts to encourage female leadership. At the same time, male CLAN members are expected to demonstrate positive role models to encourage fathers to understand the nutritional status of their child.

The approach of CARE is to focus on different gender components, which include gender-based division of labour in HHs, women as decision makers, women's access to- and control of nutrition-related resources, as well as men's participation in nutrition education, prevention and response to Gender-based violence (GBV).

The mobile message services of Village Reach offer equal access for women and men as it is anonymous and toll-free. The main focus of VR is on sexual and reproductive health (SRH) and HIV/AIDS prevention. However, the aim is also to empower women with knowledge on how they can protect themselves from infections as well as how to encourage men to gain health knowledge without feeling stigmatised.

WHH mainstreams gender equality within their organisation and the target groups with the aim of reaching the following objectives: i) equal participation of men and women in decision-making committees; ii) inclusion of men in all parts of the programme, like cooking, farming and health clubs; iii) supporting girls in special forums; and iv) collecting sex-disaggregated data.

II. HIV/AIDS, Gender & Nutrition in Malawi

2.1 HIV/AIDS in Malawi

The first diagnosed case of HIV/AIDS in Malawi dates back to 1985. Since then, incidence rates of HIV infection in Malawi have continuously risen until the end of the nineties, where the prevalence was estimated to be 30% among pregnant women. But due to extensive efforts from national and local level to combat the HIV epidemic, annual new infections have drastically declined from e.g. 98.000 new infections in 2005 to 28.000 in 2015/2016 (MPHIA, 2016). Until recently, the estimated HIV prevalence among the 15-49 year olds in Malawi was 10.3% (NAC, 2014). But according to the recently published Malawi Demographic and Health Survey (MDHS, 2015), the prevalence of HIV among 8497 tested women and 7542 tested men aged 15-49 years - decreased to 8.8%. Nevertheless, Malawi still belongs to one of the most severely affected countries with a generalized HIV epidemic, which has caused an estimated 834.000 cases of death among Malawians from 1985 till 2014 (NAC, 2014).

Overall, the HIV epidemic in Malawi has heavily compromised the countries prospects for economic growth and development since particularly the working-age population got infected with the virus, which impairs their labour capacity due to increased periods of illness. Hence, PLHIV suffer from a loss of income, which further fuelled the countries high poverty levels.

Importantly, the HIV prevalence in Malawi is subject to geographical as well as to socio-economic inequalities across the country (Figure 2). The southern region of the country is worse off than the northern region and there is a clear distinction towards higher HIV prevalence in urban versus rural areas of Malawi. Accordingly, the recent MDHS revealed that the district of Salima located in the

central region has with 3.0% the lowest HIV prevalence in Malawi, and Mulanje – a district in the very south of the country – with 20.6% turned out to be the district with the highest HIV prevalence. Additionally, rural areas had an estimated mean HIV prevalence of 7.4%, whereas the HIV prevalence in urban areas was almost double as high with 14.6% (MDHS, 2015-16).

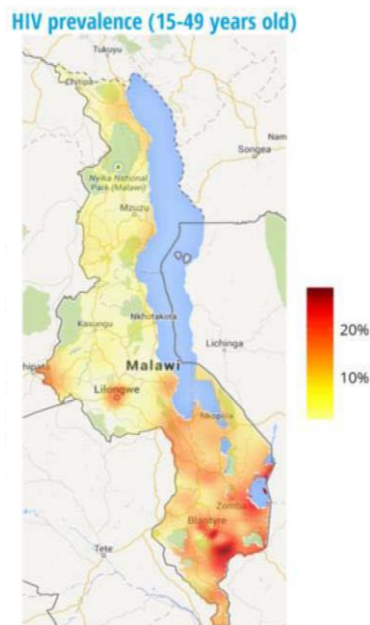


Figure 2: A 'heatmap' showing the HIV prevalence among 15-49 year olds in Malawi, which clearly illustrates the predominance towards the southern as well as the urban parts of the country (NAC, 2014).

Various factors have been linked to the spread of HIV in Malawi. First of all, a very high proportion of the Malawian population lives in poverty (50.7% in 2010, (WorldBank, 2017)) and suffers from a lack of economic opportunities. Second, most of the rural residents are subsistence smallholder farmers, who largely depend on rain-fed agriculture to sustain their livelihood. Hence, the lack of economic employment opportunities combined with increased events of climatic shock events such as droughts and floods exposes many Malawians to an increased vulnerability towards HIV infection, because they are urged to migrate into areas of enhanced economic activity, which is often associated with transactional sex and non-cohabitating partners (NAC, 2014). Hence, the red zones of the 'heatmap' in Figure 2 are mostly economic hotspots such as road networks, borders, urban manufacturing as well as marketing zones, where prevalent socio-economic inequalities prompt many Malawians into the risk of becoming infected with HIV. Accordingly, among the key identified vulnerable populations in Malawi are female sex workers (FSW) and their clients; fishermen; estate workers; discordant couples in high prevalence geographic hotspots; and young women aged 15-24 years (NAC, 2014).

There is accumulating evidence that education acts as a protective factor towards HIV infection, particularly among young girls (UNDP, 2014). Even though the link between education and HIV prevalence is not that pronounced for Malawi (Figure 3 left), men with a secondary level of education and women with more than a secondary education are still the least affected by HIV. Furthermore, it is quite alarming that - despite an almost universal HIV/AIDS awareness (99%) – a protective, comprehensive HIV knowledge among Malawians remains to be limited (41%) and e.g. only 75% of the population know about the protective effect of condom use (NAC, 2014, MDHS, 2015-16).

Furthermore, wealth is commonly associated with elevated HIV prevalence in various low-income countries (UNDP, 2014). Accordingly, a wealth-dependent gradient of HIV infection could also be

identified for Malawi, and women and men of the wealthiest quintile are clearly worst affected by HIV (Figure 3 right). This interconnection might be linked to a higher engagement in multiple sex partnerships by women from the wealthiest quintile as compared to the poorest one (MDHS, 2010).

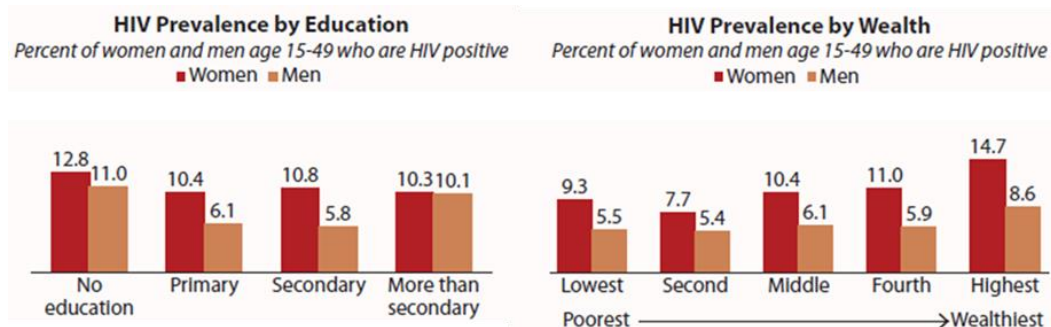


Figure 3: Left: HIV prevalence by education turned out to be highest among men and women with no education. Right: HIV prevalence by wealth showed that the wealthiest quintile is most affected by HIV infection. Source: (MDHS, 2015-16)

2.2 HIV in Strategies & Policies

The government of Malawi pursues the UNAIDS formulated strategy ‘On the fast track to end AIDS’ by aiming at the 90-90-90 treatment target by 2020, which relates to: i) 90% of all people living with HIV will know their HIV status; ii) 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and iii) 90% of all people receiving antiretroviral therapy will achieve viral suppression by 2020 (UNAIDS, 2015). The promise of this strategy is to end the AIDS epidemic as a public health threat by 2030. Until 2020, Malawi intends to reduce new HIV infections among the 15-49 year olds to 17,000 (from ~26,000-34,000 in 2014) and cases of mother-to-child-transmission (MTCT) to 3,900 (from ~10,000 in 2014) per year. Furthermore, the Malawian government plans that 73% of the projected 1,042,000 PLHIV will reach successful viral suppression by 2020, resulting in highly reduced sexual and vertical transmissions of HIV among the population (NAC, 2014).

To do so, the National HIV and AIDS Policy was formulated to strengthen the multi-sectoral and multi-disciplinary institutional framework. Operationalization of the respective policy will occur through the National HIV and AIDS Strategic Plan (NSP). The Department of Nutrition and HIV/AIDS (DNHA) is the responsible institution for ensuring adequate implementation of the policy objectives. Furthermore, the DNHA is in charge of coordinating HIV/AIDS mainstreaming from national to community level and across all sectoral programmes and services. The National AIDS commission (NAC) is the government agent within the Office of the President and Cabinet (OPC) and coordinates the National HIV and AIDS Monitoring & Evaluation (M&E) system (GoM, 2015).

Overall, the National HIV and AIDS Policy envisages an improved provision and delivery of prevention, treatment, care and support services for PLHIV. Back in 2004, the Malawian government - with support from the Global Fund - initiated the free ART programme for HIV patients fulfilling the eligibility criteria. This programme achieved a massive improvement of linkage to care among PLHIV within 10 years by increasing the number of ART patients from 3,000 in 2004 to more than 500,000 in 2014, representing a coverage of 67% (GoM, 2015). In 2011, Malawi pioneered the Option B+ policy, which made life-long ART available for all HIV-infected PLW, independent of their clinical stage or their immune cell (CD4) counts. Within three years, vertical HIV transmission was reduced by 66% in Malawi and due to this massive success, the Option B+ policy got implemented in 12 other African countries from 2014 on (NAC, 2014). However, Malawi aims at improving ART coverage even further to reach 81% of all PLHIV by 2020 through a massive scale-up. Therefore, from 2016 onwards, everyone being tested HIV-positive is eligible to receive ART, irrespective of CD4 counts, clinical

symptoms, or any other criteria. A special emphasis of improved HIV testing and subsequent linkage to care will be given to the identified geographic hotspots, where populations are at increased risk of either becoming infected or transferring their HIV infection to others.

The main challenge for reaching the intended targets in the fight against the HIV/AIDS epidemic is Malawi's massive funding gap and the resulting high dependency on donor support. This is very critical as the global HIV/AIDS support has declined since 2008, highlighting the urge for the Malawian government to mobilize additional domestic resources - especially since the number of HIV patients will increase in the foreseeable future due to the universal ART eligibility since 2016 (GoM, 2014). An additional problem is the severely resource-constrained health system of Malawi, which suffers from a chronic shortage of health care workers and a limited capacity for community-level services. Here, the shifting of non-clinical tasks from health care workers to community-based lay health workers shall relieve the work burden on healthcare providers and shall improve the coverage of community-based health services (GoM, 2015).

2.3 HIV and Gender in Malawi

Independent of patrilineal or matrilineal systems, women are traditionally subordinate to men in the Malawian society. A gender inequality index of 0.611 underlines the persisting gender disparities in Malawi, which manifest in the sectors of welfare, education, health, political participation, decision-making and employment (UNDP, 2015).

The recent MDHS revealed unbalanced employment rates among married women (70%) and married men (98%) in the past 12 months, which are even accompanied with pronounced income inequalities as demonstrated by a Gini-coefficient of 46.2 and an estimated GNI per capita of 679US\$ for women and 903US\$ for men in 2011 (UNDP, 2015, MDHS, 2015-16). Similarly, education inequality stands at 30.2% - meaning that while women went on average for only 3.4 years to school, men experienced 5.2 years of schooling (UNDP, 2015). Furthermore, women are usually much younger (18.2 years) than men (23 years) at the stage of marriage. Here, the educational level of women comes into play again, because women with no education marry earlier than women with more than a secondary education (17.6 years versus 24.8 years) (MDHS, 2015-16). Accordingly, the mean age for women in Malawi to give first birth is with 19 years very young and shows again a dependency on their educational background (MDHS, 2015-16). Importantly, family planning methods are nowadays much more commonly used by married women than back in 1992 (59% versus 13%; Salima = 53%; Dedza = 62%) (MDHS, 2015-16).

Particularly critical is the women's limited share in decision-making power at household level. Even though a continuous improvement concerning women participating in decision-making could be noted since 2000, only 78% of women indicated to have sole or joint power in making decisions about visiting family members, and just half of all women (55%) about major HH purchases (MDHS, 2015-16).

There are gender-related laws and policies in place in Malawi that aim at achieving improved gender equality in various sectors such as education, health, politics or agriculture (GoM, 2011a). However, the execution of these governmental strategies is hampered by a limited comprehensive knowledge on adequate gender inclusion and equality efforts by the various implementing stakeholder parties (SPP-Malawi, 2016).

Importantly, the HIV epidemic in Malawi is largely fuelled by persisting gender inequalities (NAC, 2014). Besides a greater biological susceptibility of women towards HIV infection, the unequal access to structural factors such as education or employment opportunities predisposes them to risky

sexual behaviours such as age-disparate sex, exchange of sex for money/goods or coerced sex, which reinforces their risk of becoming infected with HIV (UNDP, 2014, Sia et al. (2016)). Additionally – even though a violation to human rights – women often face constrained access to health services, which increases their vulnerability to HIV infection as well as decreases their chances for potential HIV services (UNAIDS, 2015, COGHAA, 2013). In Malawi, 32% of women are still lacking power in decision-making about their own healthcare (MDHS, 2015-16), which exemplifies the problem's magnitude.

Moreover, high incidence rates of GBV and a neglected women's voice when it comes to negotiations about safe sex practices drive the women's vulnerability towards HIV infection. The recent MDHS revealed that 16% of women have experienced physical violence, mostly (53%) through the own husband (MDHS, 2015-16).

In conclusion, these accumulated risk factors explain why adolescent girls and young women in Sub-Saharan Africa are at a disproportionate risk to become infected with HIV and how AIDS could become the leading cause of death among women of reproductive age globally (UNAIDS, 2015). Accordingly, also the HIV epidemic in Malawi is largely feminized with 10.8% of women and 6.4% of men aged 15-49 years being infected by the virus. The HIV-related gender disparity is most prominent at an early stage of life where young women are almost at a 5fold higher risk of HIV infection than young men (4.9% versus 1.0%) (MDHS, 2015-16, NAC, 2014).

2.4 HIV/Gender and Nutrition in Malawi

HIV and nutrition are interconnected in a bidirectional manner. On one hand, PLHIV are in need for adequate nutritional inputs due to elevated energy demands of up to 10-30% - depending on the stage of HIV infection. Here, the adequate provision of food helps PLHIV to sustain physical strength and a well-functioning immune system to prevent opportunistic infections (NAC, 2014). On the other hand, and as mentioned above, PLHIV suffer from frequent periods of disease, which significantly compromise their workforce capacity. Therefore, especially smallholder farmers affected by HIV experience reduced harvest yields through which the secure provision of food is at risk.

Thus, Malawi's high prevalence of HIV as well as the recent food security crisis (2014/2015 and 2015/2016) act on each other in a vicious circle by worsening the respective other condition (WFP, 2017, FAO, 2006). Correspondingly, the 2016/2017 FOOD INSECURITY RESPONSE PLAN (GoM, 2016) of the Department of Disaster Management Affairs indicates that *"2 per cent of People Living with HIV AIDS (PLHIV) and TB are severely malnourished, while 6 per cent are moderately malnourished and in need of nutrition support as a highly vulnerable group"* (GoM, 2016).

Furthermore, recent evidence supports an intricate connection between HIV/AIDS, gender and nutrition. More frequent situations of food insecurity due to more common climatic shock events (droughts, floods) result in increased transactional sex work among women as a mean of survival. In line with this, a review of 19 rural areas across Sub-Saharan Africa found an increase of HIV incidence rates among women and men – by 14% and 11% respectively -for every experienced drought episode (UNDP, 2014).

This indicates that concerted effort towards the eradication of gender inequalities in Malawi would also help to alleviate the spread of HIV among the population. Since women are at the forefront of commercial and home-based food production in Malawi, women empowerment in terms of equal access to resources and power in decision-making would promote a significant increase in agricultural productivity (2.5-4%) (Kerr et al., 2016). Additionally, it would benefit the increased energy demands of PLHIV and lessens the impact of risk factors that fuel the HIV epidemic in Malawi.

A response by the Malawian Government to this increasingly acknowledged impact of HIV/AIDS and gender on the level of household food security was the formulation of a Gender, HIV and AIDS strategy that asks all stakeholders to implement these topics in their projects and programmes between 2012 and 2017. Notably, the Ministry of Agriculture and Food Security (MoAFS) developed the Agriculture Sector Gender, HIV and AIDS Strategy (2012-2017) with the aim to ‘contribute to sustainable and equitable food, nutrition and income security at national, community and household level through the empowerment of women and other vulnerable gender categories’ (MoAFS, 2011).

III. HIV/AIDS and Gender-related risks and impacts

3.1 HIV-related risk and impacts in the FNSP programme

3.1.1 The perceived burden of HIV in the districts of Dedza and Salima

The district AIDS/Gender coordinators described the HIV epidemic in the respective FNSP districts of Salima and Dedza as a severe problem. The high prevalence of HIV among the district population (estimates for Dedza = 8.2%, and for Salima = 10.7%; (UNAIDS, 2014)) takes its toll by leading to high rates of morbidity and the presence of chronic diseases.

Importantly, also the beneficiaries of FNSP perceived the burden of HIV in their villages as severe, even though their prevalence estimates appeared exaggerated.

Increased frequencies of HIV-related diseases translate into increased levels of absenteeism at workplaces. Therefore, the districts experience a drawback in workforce capacities, which compromises the effectiveness in offices such as the district councils, but also the productivity of field work, especially for subsistence farmers.

“It happens that the time you are supposed to cultivate at fields it is when you became sick - meaning that during that season you will not cultivate, and now for you to reach the balanced diet, it is hard.” (Respondent 6, HSG, Dedza)

“3/4 of people in this village of Chimenya are HIV-positive.” (Respondent 13, WHH, Salima)

“Yes, we can say that a lot of people are affected and I am assuming that about 80% of people in this village of Kundaye live with HIV.” (Respondent 1, CARE, Salima)

Additionally, health facilities in the districts face a high work load as people, who suffer from HIV related illnesses, come to seek for health advice in already resource-constrained facilities. For those, where medical help could not prevent fatality, funerals have to be organized, which cost the bereaved family members lots of their often sparse money.

Another alarming, HIV-related consequence mentioned by the district AIDS coordinator is that 10% of the children in Salima are orphans, which is supported by national estimates of 1.000.000 OVCs (Orphans and vulnerable children), who have lost one or both parents to AIDS. These children are in need of improved levels of support and care, since many of the affected orphan-headed households belong to the lowest wealth quintile and are therefore more likely to drop out of school, to work underage or to engage in transactional sex and early marriages (especially female OVCs). Meaning - in case those children are not already HIV positive - they are at increased risk of becoming infected with the virus (NAC, 2014). Hence, OVCs should receive particular attention e.g. through social cash transfers. However, this objective is difficult to accomplish given the 10x reduction of funding by the government over the past years as pointed out by district officials.

3.1.2 PLHIV and nutrition

Being infected with HIV has multifaceted consequences and impacts in daily life. Already during the asymptomatic phase, good nutrition is crucial to meet the increased (by 10%) energy demands and to sustain a good physical strength as well as a functional immune system (NAC, 2014). Once PLHIV enter the symptomatic phase of HIV (AIDS), these increased energy demands rise up to 20-30%. Therefore, adequate nutrition is decisive for PLHIV to successfully combat opportunistic infections and diminish the risk of related morbidities or even mortality (NAC, 2014).

During the FGDs, PLHIV identified their poverty and the accompanied lack of money as the biggest problem to reach an adequate diet. Furthermore, PLHIV mentioned that more frequent HIV-related diseases are a major challenge for providing adequate diets to their families as these illnesses heavily compromise their capacity to work, e.g. on the fields. This perpetuates the poverty status of PLHIV even further and at the same time propels the situation of food insecurity in their homes.

“Sometimes for me to do peace work is hard, because when I take this drug (ARV), I become weak. And when you go to borrow from village savings, they say you can’t be borrowed, because it will be hard for you to pay the money back.” (Respondent 1, HSG, Salima)

In agreement with the district AIDS coordinator, PLHIV are also very concerned about the impacts of HIV on their children, who represent the next generation of parents.

“Many people are again HIV positive, and this is making children to be alone in their homes and becoming orphans. Other children are born with this virus, which makes them to be HIV mothers of the next generation.” (Respondent 10, HSG, Salima)

3.1.3 Stigma and discrimination towards PLHIV

The fear of stigma and discrimination through family members, the community, village chiefs or supporting organizations prevents many people from being testing for HIV as well as from disclosure in case of HIV-positivity. Consequently, the essential uptake of antiretroviral therapy becomes severely hampered (NAC, 2014).

Interestingly, project coordinators and field officers of respective NGO partners perceived the issue of stigma towards PLHIV of minor relevance and believed that major steps have been achieved as PLHIV show e.g. greater willingness to disclose their status and join respective HIV Support Groups. This impression was partially confirmed by the district AIDS coordinator of Salima, who also highlighted an increased openness by PLHIV to talk about their HIV infection at workplaces. However, he also remarked residing pockets of stigma, which are attributable to i) the promiscuity to which HIV transmission is connected to; and to ii) the misconceptions that are spread by traditional healers/religion. Similarly, also NGO partners and FNSP beneficiaries mentioned the link between sexual behaviour and HIV infection as the main reason for fearing disclosure.

“People, who are HIV-positive, mostly fail to come open in the groups we meet, as they are shy and think that people will judge them that they have a lot of sex.” (Respondent 13, CARE, Salima)

This high level of self-stigma was also identified in the latest PLHIV Stigma Index of Malawi, where 15% of respondents felt ashamed and 24% guilty for being HIV-positive, 39% blamed themselves and 35% believed that they should even be punished for it (MANET+, 2012).

The beneficiaries of FNSP know the fear of discrimination among PLHIV as well as their coping strategies to avoid unveiling their status by e.g. seeking treatment from far distant health centres. At the same time, participants of the FGDs emphasized that communities do not practise any level of discrimination towards PLHIV, because good sensitization campaigns have exemplified that HIV can affect everyone and should not be misinterpreted as a death sentence.

"We are being discriminated; people always say bad words to us, saying we are a moving coffin. This is why many people, who are also HIV positive, they don't come open in fear of being insulted." (Respondent 6, HSG, Salima)

"In our village, there are no discrimination issues among those with HIV/AIDS, because we have been taught on how to take care of people with HIV by different organizations. And mostly those, who are HIV positive, are very happy"

(Respondent 2, WHH, Dedza)

By contrast, respondents of HIV Support Groups described a profound level of discrimination towards PLHIV upon disclosure, which affects participation in community developments and in HIV Support Groups.

Consequently, PLHIV relate the experienced discrimination to considerable drawbacks such as exclusions from any community projects and

their benefits, including the ones coming in through FNSP. Apparently, this is particularly problematic when village chiefs are in charge of beneficiary selection.

"Many people discriminate us, because we came open with our status. Even village headmen are at the forefront of discriminating us. Even when there are new organizations coming in, they don't involve us." (Respondent 10, HSG, Salima)

"When you ask what problems we are facing, it is that discrimination is still a big issue in Kuchombe village. We are not being supported even a single inch and everyone here is my witness." (Respondent 6, HSG, Dedza)

Hence, the FGDs with HIV Support Groups revealed remarkable differences of perceived versus expressed stigma and discrimination towards PLHIV compared to the discussions with AIDS coordinators, NGO partners as well as FNSP beneficiaries. During the FGDs, PLHIV have clearly illustrated how far-reaching the consequences of feeling stigmatized are. This is further support by the results of the Malawi Stigma Index from 2012, which showed that internal stigma severely affects access to health care, education and training, as well as to work opportunities (MANET+, 2012).

3.1.4 Inclusion/ exclusion of PLHIV in FNSP

The selection of beneficiaries for programme activities by all three NGOs (CARE, UP, WHH) follows a voluntary principle – meaning that no active selection of beneficiaries takes place in order to enable ownership. Hence, after deliberate community and village chief sensitizations to inform about the purpose and the activities of the programme, the communities are responsible for the identification and selection of suitable participants upon expressed interest and motivation.

Here, FNSP beneficiaries identified HHs affected by HIV as being particularly vulnerable and thus eligible to profit from respective programme activities. But as mentioned above, the fear of stigma upon disclosure, makes it very challenging to identify and subsequently target PLHIV specifically.

“Yes, it is true that a lot of people hide their status so even when organizations come to assist, they still hide, which makes it hard for them to receive support.” (Respondent 8, UP, Dedza)

Furthermore, NGO partners also remarked that the inclusion of HIV-related activities under the umbrella of FNSP has to be designed in a very careful manner. A too strong linkage of FNSP activities with HIV may bear the risk of compromising the uptake and success of the programme by the community. Thus, direct targeting of PLHIV is further challenged.

Unfortunately, both - FNSP beneficiaries and PLHIV - criticized the issue of favouritism during beneficiary selection by village chiefs, which prevents to successfully include the most vulnerable HHs within communities.

“Most of the times the challenge we have is that when the project is coming into the village, it comes through the village chief. So most of the times, these chiefs don’t consider the vulnerable, but those who are very close to them. And if there is more space, they now involve other.” (Respondent 9, WHH, Dedza)

As a consequence, vulnerable HHs (e.g. affected by HIV) don’t receive equal chances to profit from any of the programmes being implemented in their communities and their possible benefits, including the distribution of maize flour, blankets or fertilizer. PLHIV in Dedza had also a very negative impression on the beneficiary selection of the emergency cash transfer for the MVAC response as they have not been considered to be included through village chiefs.

“Yes, we do cultivate, but due to discrimination we lack fertilizer to boost our farm produce, since village headman side-line us.” (Respondent 7, HSG, Salima)

“Sometimes the village headman moves around at night and chooses who should be in the programme and tells them the date they are meeting. It happens that the people, who are chosen to be part of the project, are strong and healthy living people – not like us, who are HIV positive.” (Respondent 6, HSG, Dedza)

Furthermore, NGO partners and district AIDS coordinators noted that memberships in HIV Support Groups are largely skewed towards women. They reasoned that men have more fear of discrimination and are therefore shy to disclose their status. Additionally, men are the responsible breadwinners of a household and feel to have no time to join Support Groups – an issue that derives from the social aspects of gender construction in Malawi.

3.1.5 Fishing communities and HIV

Several studies in LMIC have identified fishing communities as key vulnerable populations towards HIV in possessing a four- to 10-fold higher HIV prevalence compared to the national average of 15-49 year olds in the respective countries (Opio et al., 2013, Ondondo, 2014, FAO, 2006). The underlying reasons for their vulnerability are manifold and comprise the migratory nature of the fishing industry, the direct cash income, their level of poverty, irregular working hours, the young age of fishermen, and crucially important, their high-risk sexual behaviour practices (Ondondo, 2014, FAO, 2006).

Accordingly, also Malawian fishermen were identified among the country’s highest risk groups for HIV infection (Kambewa, 2009). Besides a higher vulnerability, fishing communities also face barriers to health service utilization due to their marginalization, which further limits their level of HIV testing and subsequent adherence to ART (FAO, 2006). For FNSP-related activities, the district of Salima is

located at the Lake of Malawi and fishing represents an important economic sector.⁸ The respective AIDS coordinator mentioned that previous attempts towards improved HIV status awareness were addressing the general population of Salima, whereas recent approaches focus on identified geographical hotspots to increase HIV testing and subsequent ART linkage there. Among those identified hotspots of Salima were also fishing communities along the lakeshore. Here, the AIDS coordinator confirmed the above mentioned concern that the fishing industry (fishermen and women fish traders) is particularly difficult to address adequately, because of their limited HIV knowledge and their restricted access to health services. Therefore, direct dialogues at the workplace (= lakeshore) were proposed to be most effective to engage fishing communities into discussions about HIV prevention and treatment.

There are evidences – also for Malawi – that the vulnerability towards HIV in the fishing industry is highest, where sexual relationships between fishermen and female fish traders occur in the process of fish trading (FAO, 2006, Kambewa, 2009). This is particularly relevant during the lean period (December-March) where food shortages intensify the competition among women for the caught fish and hence result in increased transactional sex arrangements (Kambewa, 2009). Furthermore, the fact that fishermen are mostly away during night or day gives both partners more space for potential extra marital sexual relations – further promoting the risk of HIV infection (Kambewa, 2009). This threat of potential unfaithfulness and subsequent HIV transmission among fishing families was also identified by NGO partners working in Salima. Additionally, the working hours of fishermen make an active engagement in FNSP activities such as Care groups or CHCs very difficult – as pointed out by men in KIIs and by NGO partners. Similarly, door-to-door counselling initiatives to specifically sensitize and recruit men for FNSP are less promising in Salima as many men are absent and at the lake for fishing.

Importantly, fishing communities become more and more integrated into the global economy market. Thereby, they may act as a bridging population to link high with low HIV prevalence groups (FAO, 2006), which clearly accentuates the need for effective interventions that reduce the risk of HIV transmission among and beyond the fishing industry.

3.2 Gender-related risks and impacts

3.2.1 The significance of gender equality within FNSP

Efforts towards improved gender equality are of major significance for the successful realization of FNSP objectives, since various studies have shown that high levels of gender inequality correlate with higher rates of child undernutrition in a given household (Smith, 2015). Unfortunately, men and women in rural Malawi still experience huge differences in the access to education and employment; in the level of workload; the risks of experiencing domestic violence and in the power of decision-making at HH level (MDHS, 2010, Kerr et al., 2016). Furthermore, the risk of HIV transmission is largely driven by persisting gender inequalities as e.g. women often don't have the right to ask for safe practices during sexual intercourse (NAC, 2014).

⁸ Please note: Fish consumption contributes significantly to a balanced, healthy diet amongst the FNSP target groups

Due to these interconnectivities, it is important to understand how well gender equality is reached within FNSP - from the perspective of the implementing partners as well as of FNSP beneficiaries

“We have different roles and responsibilities between men and women, e.g. women should be cooking, while men are constructing the kitchen.” (Man, WHH, Salima)

“With my husband at home, we say today he will dig holes and I will fetch grass. Then we do the work together.” (Respondent 5, WHH, Dedza)

(mostly women, but also men). Interestingly both, men and women, perceived the gender-based division of labour in their households and communities as fair and agreed that men and women have different tasks and responsibilities, but the work is being accomplished together at the end of the day.

By contrast, most NGO partners expressed that the gender-based division of labour imposes a huge burden on women, since they are responsible for both, the reproductive and productive, tasks within their families. In addition, women are more commonly found active in community projects – including the ones related to FNSP. In Malawi, these gender divisions have their roots in very old cultural concepts, and thus NGO partners and district coordinators supposed that most women will probably not see these apparent inequalities as a problem. Indeed, the discussions with women revealed that the majority of them would not realize that residing gender divisions or the engagement in FNSP causes an increase in their work burden.

“There is no workload among men and women as both, men and women, we are taking same part in this programme of nutrition like some are doing casual labour, while others are doing home gardens – so it is like we share the work.” (Respondent 7, UP, Dedza)

Interestingly, also the Home Grown School Meals Programme (HGSMP)⁹ revealed different perspectives from NGO partners and beneficiaries. Whereas all consulted WHH employees were seriously concerned about the increased workload for women through the HGSMP, the participating women rather appreciated their important role in the HGSMP and were positively motivated by its positive impacts on increased school enrolment rates.

“The issue of the schools meals programme is that it is women, who take bigger roles than men, but that doesn’t mean that our workload is increased. It is just ok, because our children are benefiting from that.” (Respondent 2, UP, Dedza)

⁹ The HGSMP supports the local production of food items through the community and cooks meals for children in primary schools.

3.2.2 Perception of gender balance in the respective communities

Despite remaining gender inequalities, all consulted parties agreed that gender norms have hugely

“Nowadays, women are given more chances than in the past. Before, you found that high positions were only been given to men, but now even women are given chances to take part in community development.” (Respondent 13, CARE, Salima)

improved over the past years in Malawi. For example, nowadays, women have a stronger voice in the society and can occupy even higher positions within the community.

Furthermore, NGO partners as well as FNSP beneficiaries observed a change in the traditional share

“There is a change, because both of us, we do the work together, e.g. we are both taking part in backyard garden activities, in cooking and even in drawing of water.”(Man, WHH, Dedza)

“Men and women are now taking part in various projects together compared to the past. For example we make gardens together, cook and even go to the field together.” (Respondent 8, WHH, Dedza)

of gender divisions, because men appear to be more open-minded and engage themselves in tasks that were originally in the hands of women.

However, those changes should not distract from residing gender inequalities such as an imbalance between the high level of responsibility and the low level of power in decision-making for women in households and communities. This was clearly pointed out by all NGO partners and also expressed by many women as a complaint.

“What I see here in Kundaye village is that a lot of men do not get involved in whatever is happening in this project. All they know is to go to business. They don’t put much interest, but a lot is done by women. Sometimes men help us with maybe irrigating the crops at the garden, but mostly they are not around.” (Respondent 8, Care, Salima)

“I just want to add that it is us women, who take over big roles in community development. Even when the village headman calls - it is us women, who rush to these gatherings.” (Respondent 5, HSG, Salima)

3.2.3 Male participation in FNSP

The reasons for insufficient male engagement within FNSP activities are multi-faceted. First and foremost, men connect the topics of FNSP to the cultural roles of women as they are the traditional caregivers and hence e.g. responsible for child feeding practices. This was identified as the biggest barrier to male engagement by interviewed men, women and also NGO partners.

"Men are just reluctant as they think the project is only for women." (Man, WHH, Dedza)

"The project does encourage women and men to work together, but men are always reluctant."
(Respondent 7, HSG, Salima)

Similar findings were made by another study where interviewed men mentioned a feeling of awkwardness and discomfort to be involved in childcare as it would threaten their masculinity (Kerr et al., 2016). Hence, programmes linked to male roles in the society such as farmers clubs are at much greater ease in recruiting men participants.

"Men are always shy to come and work together with women in this community so that you should encourage us that everyone should be taking part in this project." (Respondent 4, WHH, Salima)

Therefore, several NGO partners mentioned that incentives could work as an appealing stimulus for more men to join FNSP, since it would align with their traditional function as breadwinners in the Malawian society.

Another apparent issue for the lack of male engagement is their level of shyness to talk and work together with women on such traditional female topics. Here, NGO partners revealed that man-to-man teaching is usually better accepted by the male community.

Furthermore, the Malawian culture expects men to be superior to women. Here, men mentioned that they appreciate the numerous contributions by women within FNSP, but also clarified that men have to stay the decision-makers at HH level and hence initiatives should not aim at taking away responsibilities from men. Also NGO partners remarked that approaches to better gender equality have to be designed very carefully, because men might react with resistance if they fear to lose power. Accordingly, men active in FNSP favour roles of greater responsibility such as Care group- or CHC facilitators' positions that also require a certain educational level, which can be to the

"The project has not promoted gender, because I can see many families' husbands fighting their wives, because of the money they receive." (Respondent 6, HSG, Dedza)

disadvantage of women as pointed out by some NGO partners.

An important observation was that even though men generally appreciated the great share by women in FNSP activities, this coin flipped conspicuously around when it came to women being the direct recipients of the emergency cash transfer. Here, one could note a feeling of competitiveness and envy not only within the community, which was split in emergency beneficiaries and non-beneficiaries, but also within households. Suddenly, men felt neglected by FNSP and complained of not having equal chances to benefit. Moreover, many women raised serious concerns about

"Just supporting on what my friends have said - when these people receive the money, instead of buying food, they go and drink beer. So when coming from the beerhall, they talk abusive language to us, who just stayed in our homes, so with this I feel gender is not being promoted." (Respondent 3, HSG, Dedza)

increased incidents of domestic violence by men towards their spouses, who benefitted from the cash transfer.

Additionally, women as well as NGO partners pointed out that men, who are in charge of the received money, make less good use of it favouring the whole family.

An additional challenge for adequate men participation is their apparent lack of sufficient time. This was an argument given by many men, but NGO partners and some of the women confirmed that men are unable to find the time to engage themselves properly. Hence, men acting as cluster leaders were usually found to be less active and responsible in this function compared to women. The reasoned lack of time appeared to be particularly relevant for the district of Salima, where many men

“Men do not support us, what they know to do is going to the lake and sometimes they even stay a week there while a woman is struggling to find food for her and the children.” (Respondent 6, HSG, Salima)

work as fishermen.

3.2.4 Changes in gender norms through FNSP activities

Despite the above mentioned barriers towards gender equality within FNSP, all consulted parties agreed that the programme has brought notable changes in gender relations.

“I can differentiate from now to the past, because men in the past refused to do kitchen work like cooking, but now they are cooking. Due to this programme, a lot of men have changed their mind-set that household chores do not only belong to women and sometimes men tell you to take care of the children, and they will cook.” (Respondent 8, UP, Dedza)

Here, CARE mentioned that a crucial step towards this achievement was the engagement with local

“FNSP has brought changes at HH and community level, especially after CARE fostered the interaction with local leaders, which act as custodians of cultural beliefs.” (Edward Chibambo, FO, CARE)

leaders that acted as change agents within the communities.

Thus, even though men appear not equally represented in FNSP, women confirmed that their spouses are a great support when it comes to the implementation of programme activities at HH level. Notably, positive changes in the support by their husbands were linked to the initiation of the programme.

Conclusively, major steps in overcoming established gender norms have been reached and men react less resistant towards practicing tasks such as cooking, which was typically seen as a women duty.

Village Savings and Loans (VSLs) groups were identified as promising approaches towards better gender equality by many NGOs, because women are financially empowered and thereby one critical

“Whatever I learn through this group, I tell my husband at home, for example when I tell him about the garden he makes it for me, he does plate stands and ropes for hanging of clothes - he does all that.” (Respondent 13, WHH, Salima)

“This project has really promoted gender, because men are now even taking care of the children at home, and this has started with this CARE programme.” (Respondent 13, CARE, Salima)

“Another solution that we use in order to deal with inadequate food is through the coming in of CARE, which introduced village banking. So sometimes we go to the group and borrow money for us to buy other needs for that day.” (Respondent 13, CARE, Salima)

Women should have power in decision making; this is very important, because women know and understand the problems at home and can give advice accordingly.” (Man, Care, Salima)

step closer to become decision makers of the near future. Importantly, VSLs are only actively implemented through CARE in Salima and hence only in this district women mentioned the perceived benefits of this initiative.

Importantly, also men reacted open-minded towards these gender-transformative changes in their community.

IV. HIV/AIDS and Gender-related mitigation measures

4.1 Benefits of FNSP

For PLHIV

Since PLHIV have increased energy demands of up to 10 - 30% depending on their stage of infection (NAC, 2014), the theoretical benefits of FNSP are clearly linked to an improved dietary intake for PLHIV in terms of amount and quality.

Accordingly, FNSP beneficiaries pointed out that the given support on home garden practises and on

“This project can help PLHIV for example on the issue of home garden. They will grow vegetables, which will help them to meet some of the six food groups. Here, we also learn about all food groups so that they will be able to know that this is important to eat or not.” (Respondent 1, WHH, Salima)

“Yes, the project is encouraging PLHIV to eat balanced diets, because their immunity is already at risk, so if they eat these foods, they try to boost their immunity.” (Respondent 8, CARE, Salima)

nutritional education regarding dietary diversity would be also a great assistance for PLHIV. Therefore, PLHIV should be encouraged to take part in FNSP activities. Furthermore, FNSP beneficiaries are well aware that besides the access to ART, adequate diets are particularly relevant for PLHIV to sustain a strong immune system and to reduce their susceptibility towards opportunistic infections.

Also PLHIV know about the benefits they could experience through a participation in FNSP activities. In addition, they highlighted that a better nutrition would ease their ART adherence as the intake of those drugs makes them usually very hungry.

“The drug we take for HIV/AIDS always makes us hungry and we lack food to eat after taking these drugs.” (Respondent 9, HSG, Salima)

Importantly, both – FNSP beneficiaries and PLHIV – mentioned clearly noticeable profits regarding the health status of PLHIV and their children in case they were included in FNSP activities.

“CARE helped us by distributing seeds of tomato, soya, mustard and ground nuts, which has also helped our children to be healthy.” (Respondent 10, HSG, Salima)

“Since the project came, the people, who are HIV positive, have really changed as they are now eating more of the six food groups than before. And those, who were looking weak before, are now so strong that people can’t even notice that they are HIV positive.” (Respondent 7, UP, Dedza)

For improved gender norms

FNSP activities are linked to several direct and indirect positive impacts on gender norms. First of all, and as mentioned above, the implementing partners of FNSP have mainstreamed the topic of gender along all project activities. This had led to a change in gender mind-sets within households and communities, and women clearly appreciate that nowadays household chores are more commonly

“We do some of the work together. Like when we want to go to the maize mill, I carry a bucket and my husband pushes some on the bicycle - meaning we share the work. As a result, there is no increase in workload and I can say that for women our workload has decreased as we do it together.” (Respondent 8, UP, Dedza)

shared among married couples. Hence, the workload of women got reduced.

Additionally, the increased support of spouses appears to create a stronger feeling of togetherness

“When we have done home gardens, we go in the bush, where a man fetches other materials, and I am carrying and bringing the materials home. Then the man is tightening the poles of the garden and I am passing strings to him. Then we plough and plant seedlings together.” (Respondent 2, WHH, Dedza)

between married couples, which may help to foster their problem-solving attitude.

Furthermore, there are various indirect benefits that women experience through the coming in of FNSP. One important point is that the whole family – particularly the children - suffers less from diseases such as diarrhea due to the improved hygienic and nutritional conditions at home. Since it is the women’s responsibility to take care for the sick in their family, reduced frequencies of illness also mean more time for women to e.g. focus on other important tasks.

Additionally, through nutritional education and the proper establishment of home gardens, the programme enables women to better provide adequate food to their children. Thus, one could

“Another thing of this project is that we have learnt how to care of our homes, which has reduced diarrhea and other diseases in our families.” (Respondent 12, WHH, Dedza)

notice that women felt highly relieved and proud to get their families out of malnourished conditions.

In line with this, the transfer of better nutritional knowledge also allows women to make informed decisions on feeding practises and to neglect some formerly practised traditions that were to the

“We are really benefiting from the coming in of CARE, because we stopped some of the cultural beliefs, which we used to believe in. For example, we had to believe that when a new baby is born, it should not drink the first milk from her mother, but now CARE has taught us that the first milk is really important and healthy to the baby.” (Respondent 13, CARE, Salima)

disadvantage of the child’s health status.

Remarkably, the proper management of home gardens came with several advantages for women. First, it allowed them to also improve their own dietary diversity. Second, women are now able to save some of their valuable time, because they don’t have to walk far distances to markets to buy

This project has helped my family - now we are all healthy and we are eating healthy and nutritious foods. And with the home garden, we don’t waste time to go to the market to buy vegetables as we just pluck some from our gardens, and sometimes we sell the crops and buy some meat so that we reach the six food groups.” (Respondent 8, WHH, Dedza)

vegetables, but instead they can just eat the ones growing at their homes.

Third, the fact that they don’t need to buy as much food also means that they can save that money and spend it for other necessary items such as meat. Additionally, many women mentioned that their harvest from home gardens often exceeds own consumption needs and hence parts of it can be sold.

“At first we could use 1000 MWK in a day, while now we are able to use only 500 MWK as some of the things we get in our gardens - meaning that some of the problems have been reduced through this project.” (Respondent 5, CARE, Salima)

This sale allows them to stock-up their household income even further.

Finally, the introduction of time-saving technologies such as energy-efficient cooking stoves clearly reduces the time that women have to typically spend for collecting firewood and cooking.

“Another thing to add is that I am thanking WHH for bringing efficiency cooking stoves, because in the past we were taking huge firewood’s for cooking, but now we use four cooking sticks thanks to WHH.” (Respondent 5, WHH, Dedza)

Conclusively, FNSP-related activities are not only improving gender norms, but create an enabling environment for women to accomplish their responsibilities with less money and time – thus improving their quality of living on many levels.

4.2 Observed Challenges

HIV

The residing pockets of stigma that PLHIV experience by community- and family members are the biggest challenges when aiming at improving the nutritional situation for PLHIV. Here, beneficiaries as well as the AIDS coordinators believe that stigma continues to persist, because affected people are

seen as being promiscuous and traditional leaders/healers are still spreading misconceptions about HIV within the community. Consequently, the voluntary selection of participants to take part in FNSP activities might not be the right approach to ensure an inclusion of the most vulnerable within communities as stigma comes into play and prevents e.g. PLHIV and consequently affected household members to be identified as suitable participants due to favouritism by village chiefs. Additionally, the high level of self-stigma among PLHIV in Malawi hinders the targeted access to certain programme benefits.

Moreover, the governmental support in terms of funding experienced a huge down-scaling over the past years even though Malawi would require – due to the increasing number of eligible ART patients - almost 8% of its GDP to keep all PLHIV on therapy (NAC, 2014). This creates a very high donor-dependency, where the capacity of governmental HIV initiatives is limited to mainstreaming and coordination activities and donors with their funding support are needed for most implementing activities.

Furthermore, FNSP activities such as nutritional modules were not evaluated for their adequacy from the beneficiaries' perspective. Thereby, it is impossible to judge whether e.g. HIV mainstreaming activities are properly addressing the needs of affected HHs or not.

Gender

For most of the interviewed parties, the Malawian culture was clearly imposing the biggest barrier towards gender equality attempts, and not e.g. the religion. The manifestation of gender norms finds its origin in very old traditional concepts, which explains why women themselves – as confirmed during the FGDs – often don't perceive their subordinate position to the men as a problem. Furthermore, men often react with lots of resistance towards approaches aiming at changing gender norms, because they don't want to lose their superior position in the communities as well as in the households. Correspondingly, interventions focusing on gender-related behaviour change will require a deep breath and a carefully developed design adapted to the local setting, since this process can take years up to generations and should prevent problems such as increased resistance by men and incidents of GBV to arise.

Additionally, approaches towards women empowerment are challenged with the circumstance that men are requested to stay in the decision-making seat from a traditional perspective. This can even depict a drawback for promising practices such as VSL, which may give women financial strength, but if they are not able to put that into the practice of decision-making at HH level, then the promise of VSL's for achieving gender equality is severely compromised (LUANAR-SPP, 2015). In line with this, several women from FGDs, who participate in VSLs, highlighted the importance of having gender-separated VSLs as men would often misuse the money or treat it in an unresponsive manner. This may give an insight into the inadequate use of resources at HH level if men stay in charge of decision-making.

"A lot of groups, which are chaired by women, are village banking, because here in Mitawa 2 we don't allow men to be involved in our village banking, because they misuse the money, which they have borrowed and sometimes they are difficult, when it comes to pay the money back." (Respondent 12, WHH, Dedza)

Similarly, the emergency cash transfer - as supported by GIZ in Dedza - created a lot of intra- and inter household tensions such as increased incidents of GBV or money misuse. Overall, it appeared

that the hardship of affected people prompts them to fall back to old hierarchical roles and thus puts the accomplished, fragile gender transformative changes at risk. Additionally, it seemed that beneficiaries confused the support given by UP along the main FNSP activities or along the MVAC response. The main focus for most of them was the receiving of cash – the benefits of the Care Group Structures seemed to slide more in the background of UP activities and got only mentioned upon

“Yes, we receive support from United Purpose of cash, so we buy maize, beans, soya, and cooking oil, which changes our life.” (Respondent 3, UP, Dedza)

additional questioning.

Furthermore, the selection of eligible beneficiaries for the emergency cash transfer was certainly a sensitive topic for many respondents as they felt to be neglected due to favouritism by e.g. the village chiefs. This topic of selection bias was also identified through the complaint mechanism that was set in place for the MVAC emergency response and where unjust selection of HHs was raised as the most frequent concern.

Lastly, NGO partners mentioned that the gender balance among FLWs is difficult to influence as they are selected by the government and thus the ratio is still skewed toward more male FLWs.

4.3 Recommendations

4.3.1 Recommendations for meeting the needs of PLHIV in FNSP activities

The most prominent recommendation - given by all consulted parties - was that FNSP should consider a direct inclusion of PLHIV through separately targeting HIV Support Groups. Alternatively, an extended and intensified support to HIV Support Groups and CBOs was considered advisable to better meet the needs of PLHIV.

“What we want is that when your organization is coming with support in this village, it should come directly to us people living with HIV not including us with other people.” (Respondent 5, HSG, Salima)

Furthermore, many respondents aimed at identifying solutions to address the persisting problem of stigma and discrimination towards PLHIV. One suggestion along this objective was that FNSP could foster more door-to-door counselling to tackle remaining misconceptions regarding e.g. HIV transmission routes. Furthermore, it would allow a direct selection of eligible beneficiaries and thereby discrimination, e.g. through village chiefs, could be avoided and the inclusion of the most vulnerable HHs within a given community assured.

“For you to reach out to everyone in this community, you should move around to each and every household and write their names as beneficiaries in this project so that everyone should benefit from it.” (Respondent 8, UP, Dedza)

Additionally, organized community gatherings or other specific events for PLHIV were proposed to offer a platform and discuss about the benefits of FNSP for PLHIV and subsequently encourage their

"I think what should be done is that there should be a community gathering and being together and sharing how they can be involved and also how they can take part in the project fully without being shy and be encouraged that being with the virus is not the end of life." (Respondent 6, WHH, Salima)

participation.

The increased collaboration with HIV Support Groups was also seen as a good entry point for identifying suitable role models among PLHIV. These role models could facilitate community dialogues to reach out for affected people and HHs that did not disclose their status yet and teach them the relevance of good nutrition as well as the benefits of joining HIV Support Groups.

"I think that these people should be sensitized through their groups where they meet that they should know that being HIV positive is not the end of life. And they can take part in any of the community development taking place." (Respondent 8, CARE, Salima)

Role models as well as door-to-door counselling were also viewed as promising approaches to address the social issues of gender construction that are partly responsible for the absence of participating men in HIV Support Groups.

4.3.2 Recommendations towards better gender equality in FNSP activities

Generally, all respondents perceived the topic of gender to be very relevant for FNSP activities and thus recommended a stronger promotion of gender equality at HH and community level. Here, the NGO partners and district AIDS coordinators had the impression that gender should not be discussed as a stand-alone topic, but be integrated into all module topics. Thereby, the constant confrontation would ease the acceptance of approaches towards changing gender norms.

"Men should also be encouraged to be part of community development gathering so that they would really know what is happening in their community without being reluctant." (Respondent 8, Care, Salima)

Especially at community level, women feel the urge to sensitize more men to attend joined meetings and to increase their awareness on community activities and problems.

"CARE should come sometimes and sensitize men only on how the project needs their involvement." (Respondent 5, CARE, Salima)

To do so, it was commonly agreed by NGO partners that adequate gender sensitization requires innovative and interactive approaches such as theatres, dramas, poems, songs or dances. Moreover, one should not aim at separate messaging, but bring men and women together and facilitate a discussion among them. One suggestion by the district AIDS coordinator was to highlight the difference between sex as a defined biological state and gender as a social construct that is flexible

"I think village headmen can be in a good position to encourage men to be taking part in any activity taking place in the community." (Respondent 7, HSG, Salima)

to changes and adaptations. It will be crucial to carefully discuss culturally established roles and responsibilities of men and women to make both of them realize residing gender inequities.

There were three main suggestions by the respondents to improve the ratio of men participation in FNSP.

Firstly, it was proposed to engage village chiefs to act as change agents in encouraging men to join. Here, one idea was to invite men & chiefs together to take part in cooking demonstrations.

Secondly, recruiting more male champions as encouraging role models was perceived to be a promising approach to raise the interest of other men in the community to participate.

Thirdly, several NGO partners raised the idea of introducing initial incentives as a stimulus for men to join FNSP activities. A higher male participation rate would satisfy the wish expressed by several women of having more support by men during their work on the fields, the home gardens and also the HGSMs. Notably, increasing men participation in the HGSMP was also of outmost concern for the

“I think men should help us with the school meals programme, because it is only women who cook at the school, men are in the school committees, but they are few, so I wish they should select more men from different communities.” (Respondent 10, WHH, Dedza)

project coordinators and field officers of WHH.

Finally, several NGOs partners also recommended offering better training to FLWs, which would help to directly grasp the grassroots of persisting misconceptions regarding gender equality. This corresponds well with the identified barrier to gender integration by the Malawian government, who states that insufficient training of MoH staff results in insufficient understanding of gender concepts (Pendleton, 2015).

4.3.3 Recommendations for improving FNSP activities

Both, direct beneficiaries and PLHIV found several points for improvements by FNSP to facilitate a better provision of balanced diets. Firstly, they expressed the need for more direct supply of seeds, fertilizers and pesticides to increase their agricultural yields – one of the prerequisites to enable

“I think what I would request from CARE is that they give us seeds for our gardens, and some of us also need fertilizer and pesticides.” (Respondent 8, CARE, Salima)

diversified food at homes. The wish for more support with seeds was particularly prevalent for respondents from Salima as parts of the district have been affected by recent floods, where many seeds have been washed away.

Furthermore, the need for the construction of boreholes was expressed several times as the respondents are highly dependent on rain-fed agriculture and improvements in irrigation systems would allow more productive farming during the dry season or during events of droughts.

Another pitfall was the lack of economic strength resulting in an inability to afford food items that are not part of the own production. Hence, the respondents asked for additional FNSP support by

“You should help us with maize, soya, groundnut, beans and money, because as you can see we have been affected by floods. So if we can have this at least we can be saved. And we also need a borehole, because for all this to work we need water.” (Respondent 9, WHH, Salima)

enabling some kind of small-scale business to the HHs so that they could become economically empowered.

Here, also the supply of livestock was considered as a valuable option to increase the HHs income.

The magnitude of included beneficiaries and their selection criteria were also raised as points for improvements. Here, many respondents saw the need of expanding the project to more beneficiaries within the same community as well as to other surrounding communities. This was important to them, because they believed that everyone should have the chance to benefit from the project the way they did, but also because FNSP beneficiaries experienced some level of discrimination and envy by community members that were not part of the programme.

"Everyone should take part in the project. Though it is hard to satisfy the whole community, but if the project is small we should still share with those, who are not involved directly." (Respondent 5, WHH, Dedza)

Moreover, people from the district of Dedza considered the FNSP-related emergency cash transfer to be very helpful for the provision of adequate food to their families. Therefore, many respondents expressed feelings of jealousy and lack of understanding why this asset was restricted to so limited beneficiaries and recommended a scaling up the emergency cash transfer to including more

"What makes us fail to provide adequate food is that United Purpose did not manage to write everyone in this community, so others we did not receive cash, and even goats we did not receive." (Respondent 5, UP, Dedza)

community members.

Notably, many FNSP beneficiaries also expressed the wish to teach and share with other community members and friends the knowledge they have gained on good nutrition and hygiene through the

"I also want to teach other communities, what I have learnt from WHH." (Respondent 5, WHH, Dedza)

"I really wish I could have business and support my family full time and I would love if I could teach my friends in other villages what I have learnt from WHH." (Respondent 1, WHH, Salima)

programme and saw the demand of creating an enabling environment to do so.

Additional recommendations by NGO partners were to increase the resources to enable sustained trainings of better quality to FLWs and NGO staff. The district official emphasized the urge of strengthening the support to orphans. The high number of orphan-headed HHs calls for more attention on education e.g. in the field of nutrition and hygiene; the inclusion into social cash transfer programmes; as well as more psychosocial support. Furthermore, community-based childcare centres should be more strongly supported through FNSP by providing trainings on how to increase and diversify their own food production.

4.4 Promising Practices

HIV

The focused promotion of VCT within identified geographical hotspots of HIV transmission, such as areas along the lakeshore in Salima, was considered to be a promising approach for Malawi to reach the 90-90-90 objective formulated by UNAIDS. According to the AIDS coordinator of Salima, efforts towards increasing HIV testing among the whole population are not as effective as the emphasis on these geographical hotspots. If HIV testing and subsequent linkage to HIV treatment and adherence is strengthened there, the causal chain of HIV transmission can be disrupted in the most potent way.

Capacity-building initiatives for PLHIV or key populations vulnerable to HIV infection were also seen as a very helpful approach to better meet the needs of affected individuals. One positive example mentioned for the district of Salima was the distribution of bicycles to HIV Support Groups by Feed the Children to ease e.g. the access to health clinics for monthly ART check-ups. Furthermore, the specific inclusion of 'sex workers' in VSLs bears the promise to offer them an alternative way of financial independency and hence decrease their vulnerability to HIV infection.

A suitable way to better reach out for PLHIV, who fear disclosing their status, was seen in the identification and engagement of HIV role models within HIV Support Groups. Those role models could sensitize communities - including PLHIV that hide their status - regarding their specific needs as well as the advantage of disclosure and subsequent entering into HIV Support Groups. A similar strategy is applied by Feed the Children in Salima – as revealed by the AIDS coordinator – who engage male innovators to motivate other fellow-men to take part in VCT as men often act particularly resistant towards HIV testing. This reluctance is also reflected by a dominance of women in HIV Support Groups e.g. in TA Kasumbu in Dedza ~80 % of the HSG members are women.

In addition, the CCPF hotline presents a great solution to reach out for most rural and vulnerable population as the hotline is toll-free and can be accessed through any community phone in case no own phone is available. Moreover, the lack of face-to-face contacts gives clients more comfort to talk openly about very personal health issues. Hence, the CCPF hotline appears to be a promising way to reach out for PLHIV. To improve this even further, the hotline considers allowing clients complete anonymity (no recording of names) in case they express that wish so that PLHIV have even less fear of disclosing their status.

Gender

NGO partners and district coordinators suggested that approaches aiming at a change in gender norms should rather focus on the younger generation with related sensitization activities. At a younger age, individuals are more open-minded and thus less fixed on traditionally rooted gender divisions. Furthermore, with more than 60% of the population under the age of 24, Malawi has a huge 'youth bulge' in need of adequate SRH and family planning services (Pendleton, 2015), where the topic of gender should be an integral part of. The promise for such a strategy can be seen when looking at the gender-balance within FNSP activities, which is well achieved by School Health Clubs, but largely skewed towards more participating women in Community Health Clubs (an estimated ratio of 70/30 between women/men by NGO partners).

NGO partners (CARE) also identified the engagement with local leaders acting as change to be a fruitful way of changing residing gender norms, since they represent the custodians of cultural beliefs within communities. Hence, their active role in sensitization efforts should be further fostered. Similarly, the involvement of male champions to act as role models for recruiting more men in FNSP (practiced by UP) was perceived as a very promising strategy by many consulted parties (women, men, NGO, district officials). In addition, the governmental initiative to offer preferential (faster) antenatal treatment in case men accompany their wives to antenatal visits was repeatedly reported to be very effective, since more men can be found in joining their wives to those clinics.

District coordinators and NGO partners see two critical steps towards improved gender equality: i) better awareness through sensitization campaigns; and ii) economic empowerment of women. To achieve a better level of awareness among communities, CARE presented two interesting concepts. First, NGO representatives highlighted that household visits are essential to bring both – husband and wife – together and facilitate a dialogue among them about topics such as gender roles. Here,

every Field Officer of CARE conducts random visits to 20-30 HHs per month in each of the three TAs in Salima. However, the chances of finding men at home during such visits are highly seasonal. Second, CARE initiated a Community Score Card – an approach that aims at bringing service providers and users together to assess the service provision and utilization in terms of satisfaction. The objective is that remaining barriers to e.g. gender equality are identified and discussed within the community to subsequently seek for suitable solutions to it. However, the Community Score Card was only implemented in April 2017 after the famine, and hence its potential success awaits future evaluations.

To achieve the objective of economically empowering women, VSLs were commonly seen as a promising strategy. During the FGDs, the women also agreed that VSLs give them a stronger voice in decision-making at HH level, which corresponds well to the findings of several studies that had indicated that *'cash transfers to women can increase their self-confidence, social standing and autonomy, while decreasing their economic dependence on men'* (UNDP, 2014).

Until now however, VSLs are only implemented by CARE International or along the emergency response of FNSP.

Conclusion and General Recommendations

Conclusively, the 'Food and Nutrition Security programme' of the GIZ in Malawi pursues several promising strategies through the implementing partners (CARE, UP, WHH, and VR) to improve gender equality and the negative consequences of the HIV epidemic in the target areas of Dedza and Salima. Pregnant and lactating women belong to the main target group of FNSP activities and discussions with them as direct beneficiaries indicated that efforts towards equitable gender norms and a more balanced division of labour are bearing first fruits. Here, more men support their wives in the carrying out of tasks that are traditionally attached to the responsibility of women such as childcare or the establishment and maintenance of home gardens. However - despite those notable changes - there is still a long way to go for reaching satisfying gender equality with regard to education, social standing, employment conditions or the power of decision-making at household and community level in Malawi. Since gender norms are manifested through traditional concepts, related behaviour changes are likely to require a certain period of time, which is why gender-related mainstreaming efforts by FNSP need to be sustained and flexibly adopted to evolving dynamics or challenges in gender concepts.

Discussions with members from HIV Support Groups revealed that PLHIV feel excluded or neglected from FNSP activities. Hence, even though implementing partners, beneficiaries and PLHIV are commonly aware about the theoretical benefits of FNSP for the nutritional situation of HIV-affected HHs, PLHIV appear to not profit from FNSP in the intended manner. Whether this exclusion is mostly triggered by external discrimination and selection biases through community members or village chiefs (as indicated by PLHIV) or through own internal stigma (as mentioned by community members and IPs) could not be determined within the scope of this study and asks for a more targeted and intensified analysis.

Nevertheless, the challenges that were identified in the framework of this HIV/AIDS and gender risk assessment study (described in detail in section 4.2), in combination with the recommendations given by implementing partners, beneficiaries and HIV Support Group members for improved FNSP mainstreaming (see 4.3), and the identified promising practices (4.4), allowed to summarize some main recommendations for future FNSP activities.

I. Identify more interactive and creative ways of messaging to promote behaviour change

This recommendation is valid for efforts towards better gender equality as well as improved inclusion/targeting of PLHIV and can be put into practice through innovative and participatory approaches such as theatre plays. The rationale behind more interactive messaging methods is that the transfer of information through teaching alone is not as effectively prompting behavior change as an illustrative discussion about related topics among participants. One possible strategy could be a more active engagement with 'Theatre for a Change' as their methodology aims at a positive behaviour change regarding the topics of sexuality, HIV/AIDS, GBV and gender norms. Furthermore, TfaC is commonly perceived as a great tool to mobilize people and could hence be used to achieve the intended male engagement in FNSP activities as well as improved targeting of PLHIV. An additional advantage for a strengthened collaboration with TfaC is the circumstance that it would create synergies to the efforts of the Basic Education Programme (BEP) (GIZ, Malawi) and thus foster future interlinkages of programme activities between FNSP and BEP.

II. Direct inclusion of PLHIV to benefit from FNSP

As mentioned before, the most urgent recommendation identified by assessing the needs of PLHIV is that specific attention should be given to a direct targeting and inclusion of PLHIV in FNSP activities. Similarly, the HIV risk study of the preceding project of FNSP identified the need to cooperate more closely with CBOs to adequately target PLHIV. During the FGDs of this study, PLHIV expressed the wish to benefit from FNSP through a separate channel and not together with other beneficiaries as they fear to experience discrimination (such as selection biases) by community members.

To do so, one suggestion would be to reach out for PLHIV directly through HIV Support Groups in the respective target areas of FNSP (in Salima: TA Maganga = 5 HSGs; TA Ndindi = 7 HSGs; TA Pemba = 3 HSGs. In Dedza: TA Chauma = 8 HSGs, TA Kasumbu = 12 HSGs). On one hand, the direct provision of inputs such as seeds, fertilizer or livestock by FNSP could help PLHIV to improve their nutritional situation at home. On the other hand, a representative person from each HSG could be selected to attend a 'capacity building' workshop that covers the essence of FNSP-related topics on adequate nutritional and hygiene practices. Afterwards, these representatives could act as 'FNSP champions' and transfer the gained knowledge to other HSG members as well as sensitize communities about the relevance of nutrition for PLHIV and reach out to foster disclosure among HIV-affected HHs.

Alternatively, one could seek to liaise with the 'Malawi German Health Programme' (MGHP) of the GIZ, which is also active in the district of Dedza (next to the districts of Lilongwe, Mchinji, and Ntcheu). Here, collaborations with antenatal care clinics could help to directly link pregnant and HIV-positive women to programme benefits of FNSP. Furthermore, the MGHP-established teen-clubs of HIV-positive adolescents could also depict a suitable entry point for nutritional counselling by FNSP.

III. Male champions to promote gender equality and HIV prevention/management initiatives

The engagement of men to act as male champions and sensitize other men of the community holds a great promise for the successful implementation of gender equality as well as HIV prevention/management initiatives. Those efforts are commonly constrained by traditional perceptions of masculinity in the Malawian culture. Therefore, male champions are seen as powerful gender advocates, who can transform persisting social norms and gender stereotypes, which commonly perpetuate discrimination and inequality (UNAIDS, 2015).

The NGO partners of FNSP are well aware about the relevance of male change agents to effectively attain gender-transformative changes. However, the successful engagement of male champions

within FNSP varies among the different partners and leaves space for future intensifications, which appears crucial for accomplishing the mainstreaming objectives of FNSP. Along this line, it seems also advisable to compare the different strategies of male champion engagement by the NGO partners of FNSP to identify the most effective method, which should be uniformly implemented during future activities.

IV. Strengthen the engagement of traditional leaders in FNSP

Traditional leaders – be it village chiefs, traditional healers or faith leaders – have a very strong voice in Malawi, particularly in the rural communities. This also relates to their opinions on gender norms and roles in the society. A recent study of agricultural programs in Malawi emphasized that the involvement of local leaders is critical for achieving local acceptance of programmes by the community and thereby increases e.g. the chances of sustainably changing gender norms (Kerr et al., 2016). Accordingly, the National Strategic Plan for HIV and AIDS 2015-2020 will focus on mobilizing communities in collaboration with traditional/ faith leaders to promote couples communication and to tackle harmful cultural practices such as teenage marriages or widow inheritance as well as stigma (NAC, 2014). As some NGO partners and district representatives also mentioned positive effects on male participation upon adequate sensitization and involvement of local leaders, a strengthened engagement of local leaders in FNSP is one recommendation for future programme initiatives.

V. Promote gender through economic empowerment of women

As discussed under promising practices (see 4.4.), the economic empowerment of women represents a powerful way for attaining a more gender-balanced share of decision-making at HH level, because women feel financially less dependent on men. Accordingly, the Zomba trial in Malawi, which randomly assigned 3.796 women to either monthly cash transfers (conditional or unconditional) or no payments, observed that cash transfers increase the social standing and confidence of women. This had even positive impacts on the negotiating power of women on safer sex practices, which is commonly linked to a reduced risk of HIV infection (UNDP, 2014).

However, FGDs with beneficiaries and non-beneficiaries of cash transfers from the FNSP-supported emergency response shed some negative lights on related financial support. Strong tensions among communities, increased incidents of GBV and money misuse, as well as a stronger adherence to traditional gender roles due to the distress of affected households were among the notable, problematic consequences of the cash transfers. Another prominent complaint of the emergency response was the selection of beneficiaries, which was unjust and not based on appropriate selection criteria in the eyes of many community members. Moreover, the main FNSP activities appeared to be less relevant for the respective communities in Dedza. Here, it is important to keep the limitations of this study in mind, as the FGDs were conducted during the lean period and coincided with the five months duration of the emergency transfer. Therefore, it could well be that an assessment during another time of the year would have not identified those problems linked to the emergency cash transfers. However, for potential future support of the emergency response through FNSP, a recommendation would be to increase transparency regarding inclusion criteria as well as the selection process of beneficiaries.

Additionally, due to the evidenced positive effects on FNSP objectives, future programme activities should seek for the envisaged economic empowerment of women through sustainable approaches such as Village Savings and Loan.

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Annexes

Annex 1: List of main documents for in-depth review study

1. Results Model of '*Food and Nutrition Security*' (FNSP), Malawi
2. National HIV Prevention Strategy 2015-2020
3. National HIV Strategic Plan (NSP) 2015-2020
4. National HIV and AIDS Policy 2012-2017
5. SUN roll out framework of the Department for Nutrition, HIV and AIDS
6. HIV and AIDS Response in the Education Sector 2014-2018
7. Malawi AIDS Response Progress Report 2015 / UNAIDS
8. Malawi Growth & Development Strategy II, 2011-2016
9. Malawi Stigma Index 2012
10. Malawi Food Insecurity Response Plan, 2016-2017
11. Malawi Gender Policy 2011
12. Malawi Education Sector Plan 2008-2017
13. Malawi Development Cooperation Strategy 2014-2018
14. Malawi Agriculture Sector: Gender, HIV and AIDS strategy 2012-2017
15. SUN 1000 special days movement
16. The German Approach to HIV Mainstreaming
17. UNAIDS Strategy 2016-2021: On the Fast-Track to end AIDS
18. USAID: HIV and Nutrition among women in Sub-Saharan Africa, 2008
19. Gender Analysis of the National Social Protection Programme Malawi, 2016
20. Updated Gender Analysis for the Basic Education Programme in Malawi, 2016
21. Gender Analysis of the Nutrition and Access to Primary Education Programme in Malawi, 2015
22. Gender Analysis related to School Health and Nutrition Sector in Malawi, 2011
23. Gender Analysis for the global programme '*Food and Nutrition Security, Enhanced Resilience*', 2016

Annex 2: Table of interviews conducted

Name	Function	Organization
Catherine Mfitlodze	HIV/Gender Focal Person	GIZ - NAPE
Tom Mtenje	HIV/Gender Focal Person	GIZ – SPP
Kenneth Longden	HIV/Gender Focal Person	GIZ – BEP
Sithembile Mkandawire	HIV/Gender Focal Person	GIZ – MIERA/Green Innov. Centers
Victoria Randell	Deputy Country Director	Theatre for a Change
Smith Mnenula	AIDS Coordinator	Salima District
Ashraf Agresso	Gender Coordinator	Dedza District
George Kaluba	M&E Officer	WHH
Denis Kazembe	Project Coordinator	WHH
Lameck Mtali	Field Officer	WHH- Dedza
Percy Chipanda	Field Officer	WHH- Salima
Joseph Maulana	Country Coordinator	CARE International
Virginia Banda	Project coordinator	CARE International
Edward Chibambo	Field Officer - Maganga	CARE International
Martha Kondwani	Field Officer - Pemba	CARE International
Susan Nkhoma	Nutrition Project Manager	United Purpose
Dekiwe Munemo	Gender Coordinator	United Purpose
Melvin Banda	Field Officer	United Purpose
Kamuoli Msangaambe	Field Officer	United Purpose
Madalitso Mangwaya	CCPF Project Assistant	Village Reach

Annex 3: Guidelines for FGD with beneficiaries of FNSP

District:

TA:

Village:

Number of Participants:

Setting of the FGD:

Date:

Facilitator:

- ❖ Encourage the discussion and the debates within the group.
- ❖ Ensure that each person is able to participate and express their opinion; if there is a dominant person, try to facilitate the discussion and involve others.
- ❖ There are no "wrong" answers. If something seems not likely, ask participants to explain and/ or confirm.
- ❖ Do not guide/ lead or facilitate responses.
- ❖ The questions can be adapted taking into account the linguistic and cultural context, and the course of the discussion.

Selection procedures and conductance of the FGD:

- ❖ The facilitators will contact field officers of implementing partners in respective districts to help identifying 6-10 women that are beneficiaries of FNSP program activities and who volunteer to participate in the FGD.
- ❖ The identification/selection process should also involve a short explanation on the recording of the FGD (+ pictures will be taken), at the same time ensuring that the names will be kept anonymously and information treated confidentially. Hence, during the selection process and at any time the women have the choice to refuse participating in the FGDs without any disadvantages for them.
- ❖ Written consent is required by the participants before proceeding with discussion groups (can be done through the main survey consent form).
- ❖ The data of the woman (age; marital status of the woman; number, age, and sex of household members; indicating own children) will be noted before discussion.
- ❖ A recorder will be placed on a small table or chair in the middle of the circle to ensure optimal recording of the discussion within the group.
- ❖ Each discussion is conducted by two facilitators/researchers. One (the facilitator), who will conduct the interview and the other one, who is responsible for taking notes/pictures during the session (observatory notices regarding atmosphere, group dynamics and willingness by participants to share information)

Introduction:

- ❖ Greetings; thank you all for being here.
- ❖ Prayer
- ❖ Explain the roles of the two facilitators/researchers.
- ❖ Provide an introduction to the group about the project: We are working for GIZ and are part of the Food and Nutrition Security Programme, which is being implemented in your district through Care (Salima)/CU (Dedza), Welthungerhilfe and VillageReach. We are here to ask you questions regarding certain topics that are important for FNSP as we wish to see how well the programme responds to your needs. Furthermore, this discussion round should give you the

chance of raising feedback (positive or negative) as well as suggesting ideas for potential changes or improvements by FNSP in the future.

- ❖ Participants are free to express their opinions. There is no right or wrong answer. Do not hesitate to ask any question during the discussion.
- ❖ Please speak one person at a time.
- ❖ The facilitator asks the participants for their agreement to record the discussion to be able to correctly represent what is said. Explain that all information given will be treated confidentially and that the anonymity of participants will be ensured.
- ❖ This discussion will last maximum 1.5 hours.

Introduction question:

1. Please tell us a bit about your community? *Tikufuna tikambirane zokhudzana ndi mudzi mwanu muno pakhani ya chipembedzo, chikhalidwe, zikhulupiliro, miyambo ndi kusiyana kwake?*

- Major ethnic and religious groups who reside in the community and their perception of different social groups (= a group of interacting people, sharing of common interests, feeling of togetherness)?
- What are the community beliefs, views, and traditions on participation of men and women in economic engagements?
- What level of education do men and women have? How many women and men have been able to complete primary/secondary school education? *Kodi azibambo ndi azimayi amdera lino sukulu anafika nayo pati? Nanga ndi azimayi angati angati kapena azibambo angati omwe anakwanitsa kumaliza sukulu ya ku primary kapena ya ku secondary?*
- What are the current major problems that you encounter in the community? *Kodi mavuto omwe mukukumana nawo mudzi muno pakadali pano ndi otani?*

Nutrition:

2. How would you describe the nutritional situation in your community? *Mungafotokoze bwanji nkhani za manyedwe abwino mudzi muno?*

- Does it happen in your household that you do not have enough food for everybody? How do you deal with this? What are your coping strategies to overcome times of food shortages? *Kodi zimatheka kukhala ndi chakudya chosakwanira pa tsiku nyumba mwanu? Nanga mumathana nazo bwanji? Muli ndi njira zomwe mumagwiritsa ntchito kuti mupeze chakudya pa thawi yomwe chakudya chavuta pakhomo panu?*
- Are you receiving any kind of support to improve the nutritional situation of your families? If yes, could you please describe the kind of support? Who is involved? (probe for organizations being involved that deliver interventions, see whether implementing partners of FNSP are mentioned) *Mumalandira chithandizo chinachilichose chokhudza madyedwe abwino chothandizira kusintha mavuto a kadyedwe pakhomo lanu?, ngati eya mungatiuzeko kuti ndi chithandizo chanji? Amatenga nawo mbali ndani?*

3. What do you know about the Food and Nutrition Security Programme of GIZ and its activities? *Mukudziwapo chani pa chitukuko chomwe chikuchitika mudzi muno cha madyedwe abwino chochokera ku bungwe la GIZ kudzera ma bugwe ena?*

- How would you describe the aim/purpose of the program? *Mungatifotokozere kuti cholinga cha chitukuko chimenechi ndi chani?*
- What are the personal benefits for you that you experience through participation in the programme? *Kodi anthu amene amatenga nawo mbali mu pulogulamun imeneyi amapindura nayo bwanji?*
- How would you describe a balanced diet and do you consider it as important for you and your family? *Kodi chakudya choyenera mungachifotokoze bwanji? Ndipo mumachitenga kuti ndichofunikira kwa inu ndi banja lanu?*
- Are you trying to diversify the diet of your family? If yes, how? If no, why not? *Kodi mumayesera kudya zakasithasitha nyumba mwanu? Ngati eya, mumatani, ngati ayi ndi chifukwa chani?*
- What are your biggest challenges for providing adequate food to your family? *Kodi ma vuto akulu omwe mumakuna nawo kuti mukhale ndi zakudya zokwanira ndi otani?*
- What could FNSP improve so that you would have better chances to provide diverse diets to your family? Where do you see the biggest need for a change? *Kodi mungakonde programme imeneyi itasitha ziti kapena kupanga chani kuti muzitha kukwaniritsa kudya zakudya zakasithasitha? Ndipo ndi mbali iti ya chitukuko yomwe mukufuna itasitha kwambiri?*

(more income, improved hygiene, more time to adequately care for the family's nutrition, better environmental conditions such as electricity, cooking stoves, more stable and better harvest outcomes?)

Gender:

4. What are the typical roles and responsibilities of men and women in the programme? *Kodi azimayi ndi azibambo amatengapo mbali yanji muchitukukochi/pulogramu yi?*

- Do you feel that both men and women are sufficiently well engaged by FNSP? In what way would you say that FNSP has changed the mindset of men/women towards the importance of nutrition? *Kodi mukuganiza kuti azimayi ndi azibambo amatenga mbali mofanana mu chitukukochi/ programme yi? Mungatiuzeko kuti chitukukochi chasitha bwanji malingaliro/maganizo azimayi ndi azibambo mudzi muno pankhani yakufunika kwa madyedwe abwino?*
- Does FNSP (e.g. the school meals programme/ VSL groups/ SUN Care groups) engagement increase or decrease women's or men's workload? Please describe in which way? *Kodi mukuganiza kuti kutenga nawo mbali kwanu pa chitukuko/programme yi kumbali ya (programme ya phala mma sukulu(kulima, kupita ku chigayo, kuphika phala)/ bank nkhone/ SUN Care groups) kunachulutsa kapena kuchepetsa ntchito pakati pa azimayi ndi azibambo?) munjira yanji?*

5. What is your understanding of gender and gender equity? *Kodi kumvesetsa kwanu ndikotani pa nkhanu ya kusasiyanitsa pakati pa amayi ndi abambo?*

- How would you describe the chances for women to participate and engage in activities at 1. Household or 2. Community level? Do you notice any changes over the

past year (due to FNSP activities)? *Mungatiuzeko kuti azimayi mwayi wawo ndi otani otenga nawo mbali pa zochitika za mu program yi (1. Zapakhomo, 2.komaso pa chitukuko cha mudzi)? Kodi chiyambire program ya chitukuko cha madyedwe abwino mudzi muno mwaonako kusitha kulikose muzaka zapitazi pa nkhani ya kusasiyana pakati pa azimayi ndi azibambo?*

- Are there certain decisions where you would like to be more involved in (be it household or community level)? If yes, which ones? (Also with regard to the provision of food to your family). *Kodi pali mbali yomwe mumafuna kutenga gawo lalikului pakhani yopeleka chiganizo kaya mudzi kapena pakhomo panu? Ngati eya ndi mbali iti ndi iti?*
- In what way has FNSP promoted gender in your opinion or by contrast, do you feel that FNSP activities have increased gender-related problems? *Kodi mukuganiza kuti chitukukochi/programme yi yasinthapo chani kapena kulimbikitsa zotani pakhani yakusasiyana pakati pa abambo ndi amayi mudera lanu lino?*
- Where would you see potential for promoting better gender balance through FNSP? *Kodi mu program yi, ndi mbali iti yomwe mungalimbikitse kuti pakhale kusasiyana potenga mbali pakati pa abambo ndi a mayi? (Stronger men involvement, e.g. also for the home-grown school meals?)*
- Which groups at community level are chaired by women? Which by men? *Ndi magulu/committe ati mudzi muno omwe amatsogoleredwa ndi azimayi kapena azibambo?*

HIV/vulnerabilities:

6. Regarding your community – do you think FNSP is successful in reaching out to the most vulnerable among you? *Ndi mmene mudzi mwanu muno muliri mukuganiza kuti chitukukochi/program yi chimafikira aliyense makamaka amene ali ochepekeredwa komaso omwe ali ndi mavuto ena?*

- Which households would you describe as being particularly poor/vulnerable or requiring specific attention within nutritional programmes? *Kodi ndi ma banja kapena anthu otani omwe munganene kuti ndi ovutikisitsa, kapena amene akufunika chithandizo chapadera pa nkhani ya madyedwe abwino? (Single-women headed HHs, HHs with chronically ill, or HHs with PLHIV, orphan-headed HH?)*
- Do vulnerable women, men, girls and boys have in your opinion equal access to FNSP benefits and services? If not, why? *Mukuganizo kuti azimayi, azibambo, atsikana, anyamata amene ali ovutikisitsa (omwe ali kachilimbo ka AIDS, olumala, osaukisitsa) ali ndi mwayi ofanana otenga anwo mbali mu programme yi?*

7. How severe would you judge the situation of HIV in your community? *Kodi mungatiuzeko chani pa khani zokudza matenda a edzi mudzi muno?*

- Are many people affected? *Kodi HIV/AIDS ikukhudza anthu ochuluka bwanji mmudzi muno?*
- Do you know about HIV support groups? *Kodi mumadziwa za ma support group okhudza za matenda a edzi?*
- Are there people openly talking about their status? Would you know of positive role models in your community? Could you give examples? *Kodi athu amakambirana*

momasuka za mmene muliri thupi mwawo? nanga mungadziweko athu omwe amayimilira anzawo omwe ali ndi matendawa mudzi muno? Mungatipatseko zitsanzo?

- In your opinion, how is HIV/AIDS affecting people in your community (past and now)? *Mmaganizo mwanu kodi kachilombo kameneka kakuwakhudza bwanji athu mudzi muno? Kuyambira pa chiyambi ndi kubwerano kwa chitukukochi/program yi?*
- What or who do you think could be good sources of information about AIDS that people would listen to? Why? *Kodi ndi kwandani kapena kuti komwe kungakhale koyenera kupezako uthenga okhudza ndi za edzi omwe anthu anagamamvere? Chifukwa chani?*
- Who do you think is most affected by HIV? (women, men, adolescents, businessmen, the less or the more educated, the poor, single or married, any other?) *Kodi mudzi muno ndi gulu liti la athu lomwe limakdudwidwa kwambiri ndi AIDS?*

8. Are you aware of the special health/nutritional needs of people living with HIV/AIDS? (kodi mumadziwa kuti pamafunika zakudya zapadera/zoonejizera zopatsa thanzi kwa athu omwe ali ndi ka chilombo ka edzi?)

- Do you think FNSP informs sufficiently well about the nutritional needs of HIV-affected households? If yes, how? If not, why not? *Mukuganiza kuti program ya chitukuko cha madyedwe abwino imapereka uthenga wokwanira wa zakud zoyenera kwa athu omwe ali ndi kachilombo?*
- What prevents or makes it difficult for PLHIV to benefit from program activities such as FNSP? Is stigma/discrimination still a problem and barrier to access? *Nanga pali zithu zina zomwe zimapangitsa kapena kulepheretsa athu omwe ali ndi kachilombo kupindula kudzero mu chitukuko chimenechi? Kodi kusolidwa ndi kunyozedwa kwa anthu amene ali ndi kachilombo ka HIV kumapangitsa kuti anthuwa asatenge nawo mbali moyenera mu program yi?*
- What would you say could be improved by FNSP to better reach out and fulfill the needs of PLHIV? *Nanga kodi ndi zithu ziti zomwe zisithidwe kapena kukonzedwa mu program chimenechi kuti tikathe kufikira aliyese makamaka omwe ali ndi kachilombo koyambitsa matenda aedzi?*

Do you have any other comments that you would like to share or questions towards us?

Annex 4: Registers of FGDs

				Household members			
	No	Age	Marital status	Number	Age (in yrs, otherwise indicated)	Sex of HH members	number of own children
WHH – Dedza, TA Chauma, Mitawa 2	1	48	Married	8	23/20/17/10/7/6/4	M:0; F:7	2
	2	60	Married	4	74/20/15	M:1; F:3	2
	3	68	Widow	5	20/15/18/12m	M:1; F:4	-
	4	60	Widow	5	11/10/6/12	M:2; F:3	-
	5	37	Married	9	45/20/17/14/11m	M:3; F:5	5
	6	37	Married	5	40/14/10/4	M:2; F:3	3
	7	54	Married	3	58/16	M:1; F:2	-
	8	38	Married	9	52/21/19/16/15/15/13/11	M:3; F:6	7
	9	32	Married	6	42/17/16/16/15	M:2; F:4	2
	10	39	Married	7	39/14/10/6/6	M:1; F:6	2
	11	35	Married	7	40/16/16/13/12/10	M:4; F:3	5
	12	41	Married	6	46/18/15/13/4	M:3; F:3	3
	13	45	Married	9	77/35/10/12/15/17/6/5	M:3; F:6	1
	14	32	Married	4	34/10/3	M:1; F:3	2
UP – Dedza, TA Chauma, Khwakhwa	1	32	Married	8	84/34/18/16/14/12/10	M:3; F:5	5
	2	31	Married	7	34/13/12/9/6/7m	M:3; F:4	5
	3	27	Married	4	31/8/4	M:1; F:3	2
	4	20	Divorced	5	32/49/13/1	M:2; F:3	1
	5	25	Married	4	28/4/1	M:3; F:1	2
	6	23	Married	3	25/10m	M:2; F:1	1
	7	28	Married	6	70/32/7/4/5m	M:2; F:4	3
	8	29	Married	4	28/18/7m	M:3; F:1	1
	9	32	Married	5	35/7/5/6m	M:3; F:2	3
	10	20	Married	2	23	M:1; F:1	0

				Household members			
	No	Age	Marital status	Number	Age (in yrs, otherwise indicated)	Sex of HH members	number of own children
WHH – Salina, TA Ndingi, Chimenya	1	42	Married	3	48/10	M:1; F:2	1
	2	44	Married	4	48/70/3	M:1; F:3	1
	3	30	Married	4	36/6/2	M:1; F:3	2
	4	27	Married	4	29/8/1yr8m	M:2; F:2	2
	5	35	Married	7	42/18/15/11/7/5	M:5; F:2	5
	6	23	Married	3	25/ 6m	M:2; F:1	1
	7	23	Married	4	28/6/3	M:2; F:2	2
	8	28	Married	4	30/10/2	M:1; F:3	2
	9	20	Married	3	30/1yr11m	M:2; F:1	1
	10	29	Married	4	31/8/6	M:3; F:1	2
	11	23	Married	3	23/3yr9m	M:2; F:1	1
	12	22	Married	5	36/8/5/3	M:3; F:2	3
	13	60	Married	3	62/4	M:1; F:2	1
	14	36	Married	7	40/15/13/12/7/4	M:4; F:3	5
CARE – Salima, TA Maganga, Kundaye	1	35	Divorced	5	18/12/23/2m	M:2; F:3	2
	2	27	Divorced	5	9,6,4,3	M:3; F:2	4
	3	23	Married	5	31/7/4/8m	M:3; F:2	3
	4	25	Married	5	28/7/4/5m	M:3; F:2	3
	5	25	Married	8	32/14/13/10/9/6/2	M:7; F:1	3
	6	21	Divorced	4	56/89/6m	M:0; F:4	1
	7	24	Married	3	7/4	M:1; F:2	2
	8	37	Married	7	39/17/15/11/9/4	M:3; F:4	5
	9	35	Married	7	37/12/10/9/7/2	M:3; F:4	5
	10	35	Married	5	38/11/5/3.3m	M:2; F:3	3
	11	19	Married	4	23/5/1.1m	M:3; F:1	1
	12	26	Married	6	30/13/12/7/3	M:1; F:5	3
	13	49	Widow	4	35/30/17	M:2; F:2	3

				Household members				
	No	Age	Marital status	Number	Age (in yrs, or indicated)	Sex of HH members	number of own children	Part of FNPS
HSG – Dedza, TA Chauma, Kuchombe	1	28	Married	4	44/15/10	M:1; F:1	2	Yes
	2	61	Married	5	48/8/6/1.5	M:3; F:2	3	Yes
	3	46	Married	6	65/22/18/5/1.5	M:2; F:4	4	No
	4	40	Widow	5	12/11/10/9	M:1; F:4	4	Yes
	5	38	Divorced	5	18/16/13/7	M:2; F:3	4	No
	6	50	Married	11	43/23/21/18/15/ 14/13/12/10/7	M:5; F:6	8	No
	7	43	Married	11	43/23/18/15/ 13/12/10/7	M:5; F:6	8	No
	8	29	Married	6	36/13/10/7/1	M:5; F:1	4	No
	9	56	Married	4	56/4/4	M:2; F:2	2	No
	10	58	Married	7	55/24/18/15/12/9	M:3; F:4	5	No
HSG – Salima, TA Maganga, Moyo	1	42	Divorced	2	27	M:1; F:1	1	Yes
	2	52	Widow	5	17/13/12/10	M:2; F:3	3	No
	3	64	Widow	8	18/16/14/11/5/4/3	M:6; F:2	4	Yes
	4	46	Widow	6	18/11/9/4/ +6months	M:1; F:5	3	Yes
	5	43	Divorced	7	17/15/11/7/6/3	M:3; F:4	6	Yes
	6	60	Widow	5	23/20/6/3	M:0; F:4	2	Yes
	7	40	Divorced	4	20/18/5	M:1; F:3	3	Yes
	8	48	Divorced	6	20/19/16/6/3	M:1; F:5	3	Yes
	9	54	Married	7	45/16/7/6/5/4	M:3; F:4	5	Yes
	10	28	Married	4	34/11/2	M:2; F:2	2	Yes
	11	54	Widow	4	21/7/1yr4m	M:1; F:2	1	Yes

Annex 5: Guideline for Key Informant Interviews (men)

1. Please tell us a bit about your community?

- What are the current major problems that you encounter in the community?

2. How would you describe the nutritional situation in your community?

- Does it happen in your household that you do not have enough food for everybody? How do you deal with this? What are your coping strategies to overcome times of food shortages?

3. What do you know about the Food and Nutrition Security Programme of GIZ and its activities?

- a. What was your motivation to engage in the FNSP activities? Have you been directly interested or what made you join?
- b. What are the personal benefits for you that you experience through participation in the programme?
- c. How is the reaction by the community (separately ask for men and women)? Do you experience any kind of discrimination or rather support and appreciation?
- d. What are your biggest challenges for providing adequate food to your family?
- e. What could FNSP improve so that you would have better chances to provide diverse diets to your family? Where do you see the biggest need for a change?
(more income, improved hygiene, more time to adequately care for the family's nutrition, better environmental conditions such as electricity, cooking stoves, more stable and better harvest outcomes?)

4. What are the typical roles and responsibilities of men and women in the programme?

- a. Do you feel that both men and women are sufficiently well engaged by FNSP? In what way would you say that FNSP has changed the mindset of men/women towards the importance of nutrition?
- b. In your opinion, what would be good ways to approach more men to engage in FNSP activities? What do you think are the problems and barriers?
- c. Do you feel that FNSP (e.g. the school meals programme/ VSL groups/ SUN Care groups) increases or decreases women's or men's workload? Please describe in which way?

5. What is your understanding of gender and gender equity?

- a. Do you consider it as important that women should gain more power in decision-making at household level? If yes, why? If no, why not?
- b. How would you describe the chances for women to participate and engage in activities at 1. Household or 2. Community level? Do you notice any changes over the past year (due to FNSP activities)?
- c. In what way has FNSP promoted gender in your opinion or by contrast, do you feel that FNSP activities have increased gender-related problems?
- d. Where would you see potential for promoting better gender balance through FNSP? (Stronger men involvement, e.g. also for the home-grown school meals?)

Annex 6: Timeline for the HIV/AIDS and gender risk assessment study of FNSP

tasks \ timeline	1. month				2. month				3. month				4. month				5. month			
Review of relevant program documents																				
Review of mainstreaming activities by IPs																				
In-depth review of relevant HIV/AIDS and Gender literature (policies, strategies, studies)																				
Meeting HIV/Gender focal persons from other GIZ programs																				
Meeting with other relevant stakeholders (district coordinators, TfaC)																				
Develop interview guidelines for bilateral interviews with IPs																				
Separate interviews with project coordinators and Field officers of the IPs																				
Develop guideline for the FGDs with direct program beneficiaries and members of HIV Support Groups																				
Develop guideline for the KII with men active in FNSP																				
Organize FGDs (identification of facilitators, coordinate with FO the settings/time line of FGDs)																				
Conduct FGDs & KIIs																				
Transcription of FGDs + clearing of inconsistencies																				
Analysis of FGDs, KIIs and bilateral interviews																				
Feedback of findings from FGDs and KIIs to the FNSP team																				
Writing of HIV/AIDS and Gender risk study																				